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Maryland Medical Assistance Program

The Year in Review

Fiscal Year 1982

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Prepared by
The Division of
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE • MEDICAL CARE PROGRAMS

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INTRODUCTION

Fiscal year 1982 was the sixteenth full year of operation for the Maryland Medical Assistance Program. The purpose of the Program is to provide the State's low income residents with access to a broad range of health care services. Statutory authority for the Program is contained in Title XIX of the Social Security Act and in Title 15 of the Health-General Article of the Annotated Code of Maryland. The Maryland Medical Assistance Program is administered by the Assistant Secretary for Medical Care Programs in accordance with federal requirements and is funded jointly by the state and federal governments.

The average monthly enrollment in the Maryland Medical Assistance Program in fiscal year 1982 was 354,309 people, 8.3% of the State's population*. Program enrollees received health care services from approximately 8,300 participating Maryland health care providers. Almost $475 million was spent by the Program during the year to provide these services.

This publication describes the activities of the Maryland Medical Assistance Program in fiscal year 1982 (July 1, 1981 through June 30, 1982). The narrative portion provides information on Program enrollment, providers, payments, services and management controls. Also included are descriptions of the Medical Assistance Advisory Committee and the Pharmacy Assistance Program, and comments on current trends in Program expenditures and the national political environment. Statistical tables on various Program activities follow the narrative section.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is a group of Medical Assistance recipients, consumer representatives, and health care providers that meets at least six times a year to provide information and counsel to the Medical Assistance Program.

During fiscal year 1982, the Advisory Committee reviewed a number of proposed changes to Program regulations, including eligibility standards and provider fees. The Program Priorities and Costs Subcommittee, through the work of its two task forces,

* Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

submitted to the full committee recommendations on primary care providers and the personal care program.

The members of the Advisory Committee who served during fiscal year 1982 are listed below by the dates of expiration of their terms:

July 1982

Joyce Boyd, M.D.
Mildred Bright
Ellis Duke
John Dutrow
Rev. Louis Foxwell, Jr.
Ronald Harris
James Harvey
Katherine Kindervatter
Harry Klinefelter, M.D.
Gwendolyn Kugenga

July 1983

Lee Bernhardt
Peter Borchardt
Carmalyn Dorsey
Rose Goodman
Kathleen Grau, LCSW
Benjamin Kimbers, Jr., D.D.S.
Shirley Marcus
Gerard O'Connor
Peggy Plonk
Millie Tyssowski

July 1984

John Braxton, Jr., M.D.
Gloria Carpeneto
Dorothy Council
E. Jane Hanks
Joseph LaAsmar
James McCaslin
Ethel Pace
Philip Piasecki
Sari Revkin
Melvin Rubin

ENROLLMENT

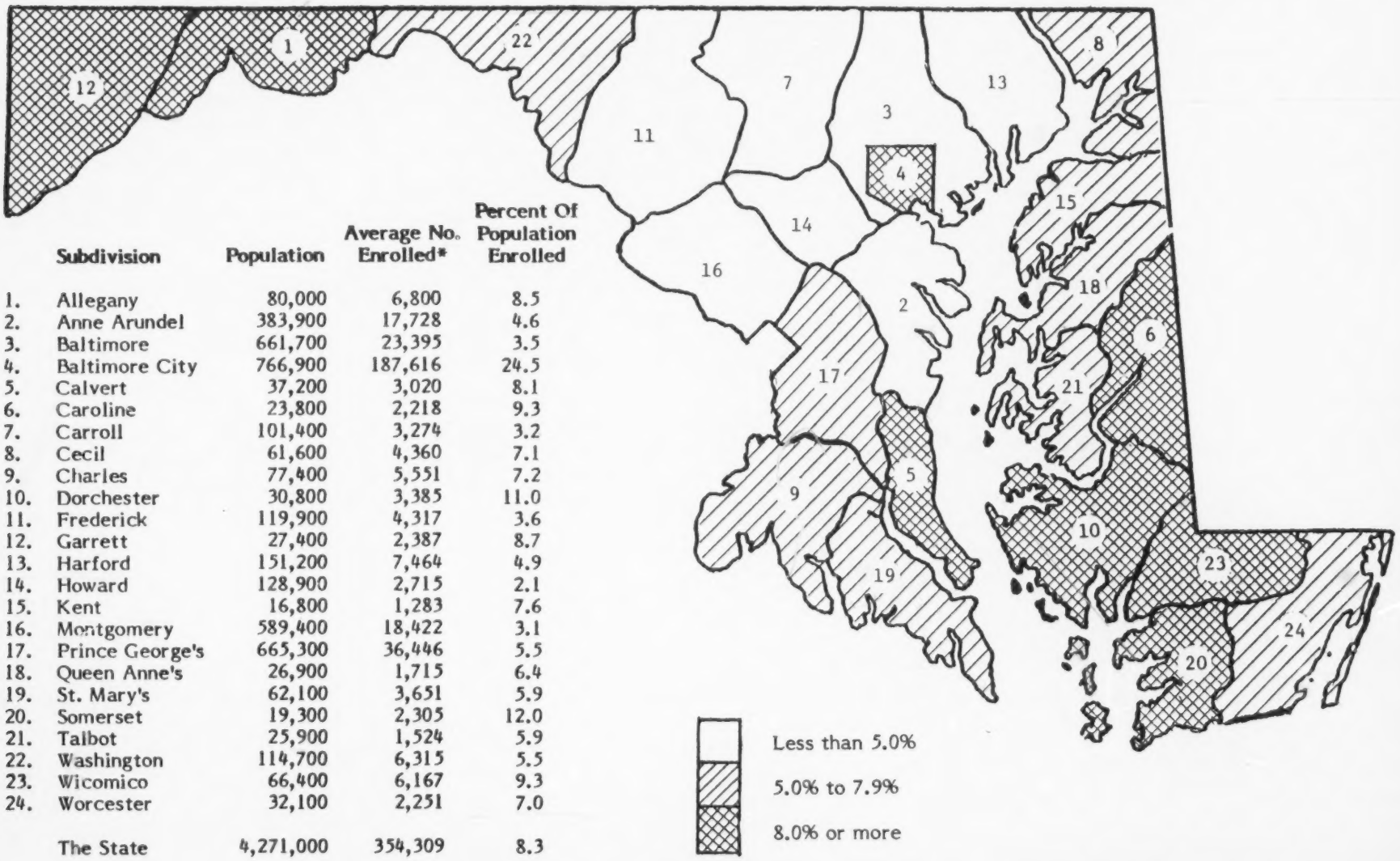
During fiscal year 1982, the average monthly enrollment in the Maryland Medical Assistance Program was 354,309 people, 8.3% of the State's population. Figure 1 displays the enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 2.1% in Howard County to 24.5% in Baltimore City.

(Due to data processing limitations, prior Program enrollment figures have included those individuals whose coverage had been cancelled prior to the expiration of their

Figure 1

MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLMENT BY POLITICAL SUBDIVISION

Fiscal Year 1982



	Subdivision	Population	Average No. Enrolled*	Percent Of Population Enrolled
1.	Allegany	80,000	6,800	8.5
2.	Anne Arundel	383,900	17,728	4.6
3.	Baltimore	661,700	23,395	3.5
4.	Baltimore City	766,900	187,616	24.5
5.	Calvert	37,200	3,020	8.1
6.	Caroline	23,800	2,218	9.3
7.	Carroll	101,400	3,274	3.2
8.	Cecil	61,600	4,360	7.1
9.	Charles	77,400	5,551	7.2
10.	Dorchester	30,800	3,385	11.0
11.	Frederick	119,900	4,317	3.6
12.	Garrett	27,400	2,387	8.7
13.	Harford	151,200	7,464	4.9
14.	Howard	128,900	2,715	2.1
15.	Kent	16,800	1,283	7.6
16.	Montgomery	589,400	18,422	3.1
17.	Prince George's	665,300	36,446	5.5
18.	Queen Anne's	26,900	1,715	6.4
19.	St. Mary's	62,100	3,651	5.9
20.	Somerset	19,300	2,305	12.0
21.	Talbot	25,900	1,524	5.9
22.	Washington	114,700	6,315	5.5
23.	Wicomico	66,400	6,167	9.3
24.	Worcester	32,100	2,251	7.0
	The State	4,271,000	354,309	8.3

* Does not include cancels. See Appendix A, Technical Note, for details.

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initially determined or redetermined period of eligibility. A recent change in reporting procedures has resulted in the exclusion of these individuals from the enrollment counts in the fiscal year 1982 statistics. All enrollment figures quoted in this report reflect this change. Further information regarding this reporting change is provided in Appendix B, Technical Note.)

From fiscal year 1967, the first full year of operation for the Maryland Medical Assistance Program, through fiscal year 1973 the Program's enrollment increased at an average rate of over 8.5% per year. During fiscal year 1974, the trend was reversed when enrollment dropped by nearly 4.1%. Enrollment rose again in fiscal years 1975 and 1976. A decline in enrollment began in the Spring of 1976 and continued through fiscal year 1979, decreasing a total of 14.5% in that period. Enrollment increased again the next two fiscal years, before declining by 2.6% in fiscal year 1982. (See Figure 2.)

There are two major categories of enrollees in the Maryland Medical Assistance Program. The Categorically Indigent are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) Program (Title XI of the Social Security Act), or the General Public Assistance (GPA) Program (Article 88A, Section 65-A of the Annotated Code of Maryland). Federal matching funds are available to pay for the cost of health care provided to AFDC and SSI recipients. Federal matching funds are not available for GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the State's local departments of social services. In fiscal year 1982, 83.7% of all enrollees were Categorically Indigent.

The Medically Indigent are those persons whose incomes and resources are sufficient to pay for basic living expenses but are inadequate to meet the cost of necessary health care. To receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements which the Program establishes consistent with federal regulations. In fiscal year 1982, 16.3% of all enrollees qualified as Medically Indigent.

Medical Assistance eligibility for the Medically Indigent is determined by the local departments of social services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's assets, and its net income (gross income less certain deductions and

exclusions). The net income and the assets standards for fiscal year 1982 are indicated below.

Family Size	Net Income Standards	Assets Standards
1	$2,900	$2,500
2	3,400	2,600
3	3,900	2,700
4	4,400	2,800
Each Additional Person	+500	+100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program are also entitled to Medicare benefits. For persons enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the required premiums for coverage under Medicare-Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualified for Medical Assistance through federally matched programs accounted for 89.2% of all enrollees. The remaining 10.8% qualified through state-only programs. Enrollees who were younger than twenty-one years of age accounted for 49.1% of total enrollees and 11.2% were sixty-five or older. Females represented 61.9% of the total enrollees while 61.5% of enrollees were non-white.

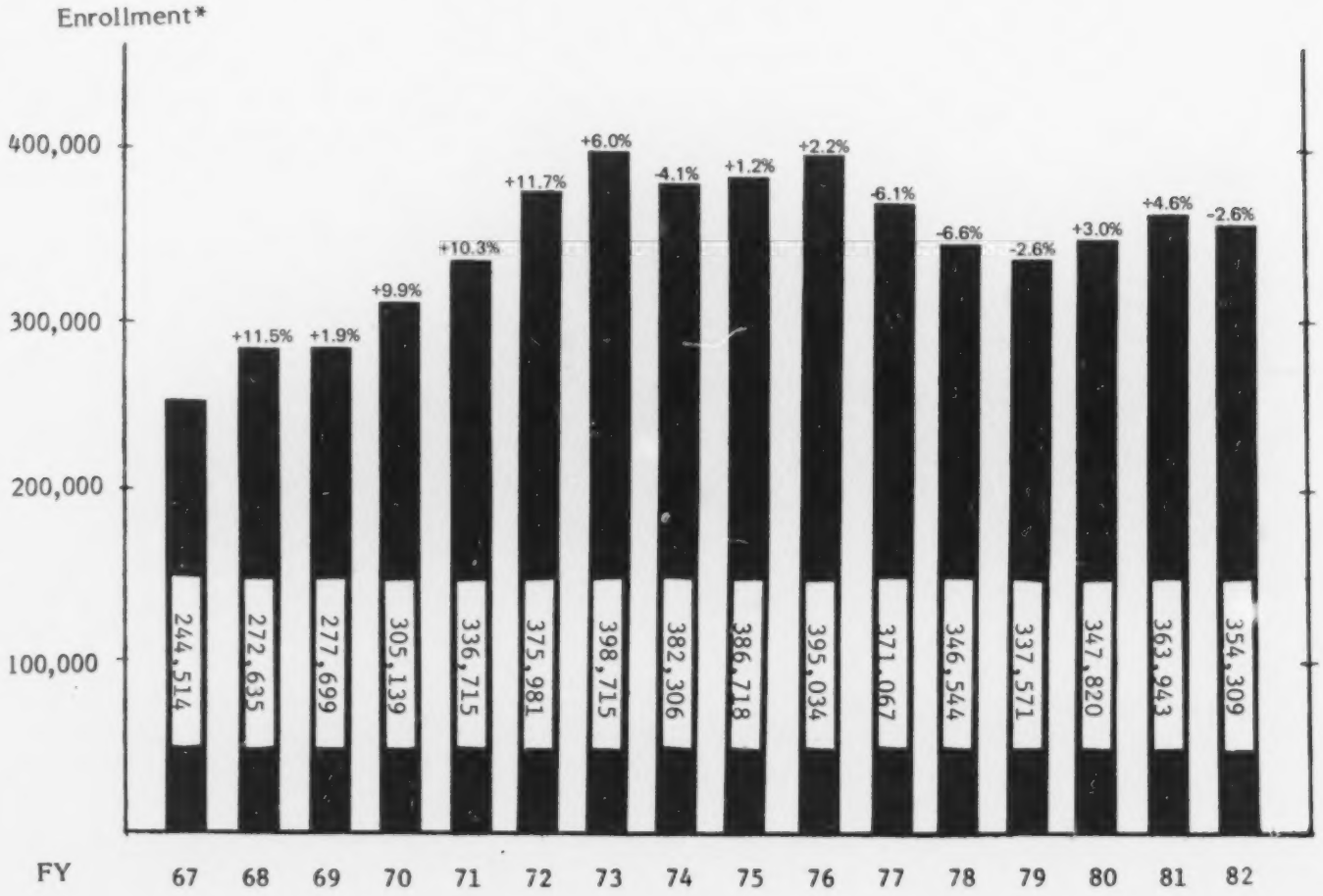
PROVIDERS

Approximately 8,300 Maryland health care providers received payments from the Maryland Medical Assistance Program in fiscal year 1982 for services rendered to eligible recipients. The list of Maryland providers includes 58 hospitals, 173 nursing facilities, 5 health maintenance organizations, 38 home health agencies, 408 personal care providers, 9 adult day care providers, and approximately 4,400 physicians and physician groups, 1,300 dentists, dental groups and clinics, 800 pharmacies, and 1,100 special service providers. Providers must be approved by the Program in order to participate.

Each Medical Assistance enrollee may receive services from participating physicians, dentists, pharmacies, and other providers of his or her choice, or may enroll in a health maintenance organization.

Figure 2

MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967 - 1982



* Does not include cancels. See Appendix B, Technical Note, for details.

Over 6.4 million provider invoices were processed by the Program in fiscal year 1982. About 15% of these invoices were returned to providers for such reasons as recipient ineligibility or errors made in completing the invoices. The chart below details the remaining 5.5 million invoices paid in fiscal year 1982 by service type.

NUMBER OF PAID INVOICES - FY 1982

Pharmacy	2,777,733
Physician	1,381,825
Hospital Outpatient	810,276
Special Services	273,163
Dental	169,986
Hospital Inpatient	109,607
Home Health	19,457
TOTAL	5,542,047

Ninety percent of all complete and accurate invoices are paid within 30 days of receipt by the Maryland Medical Assistance Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of the vouchers to the State Comptroller's Office and the processing and payment of the vouchers.

Liaison committees have been formed with providers of nursing home, pharmacy, podiatry, dental, physician and vision care services. The Program works closely with these liaison committees to explain policies and procedures and to resolve problems.

PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1982 were $474,348,525. Approximately 41.2% were federal funds and 58.8% were state funds.

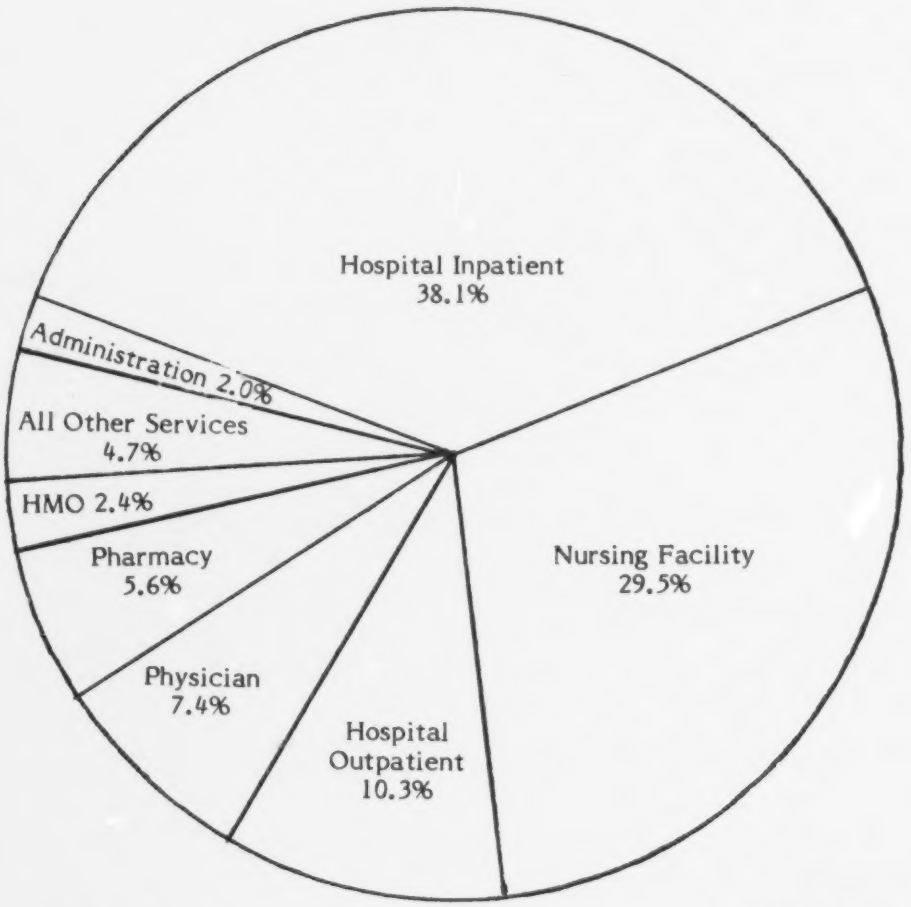
Administrative costs for fiscal year 1982 were $9,648,195, approximately 2% of total Program costs. Total health care payments were $464,700,330. Figure 3 shows Program payments made in fiscal year 1982 by major service categories. Nearly 80% of Program spending was for services provided by institutions. Payments to hospitals for inpatient and outpatient care represented 48.4% of Program spending. Care provided in nursing facilities accounted for 29.5% of Program expenditures in fiscal year 1982.

Due to data processing limitations, all data for Program expenditures cannot be

Figure 3

MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS

Fiscal Year 1982



Hospital Inpatient	$180,714,973
Nursing Facility	139,896,935
Hospital Outpatient	49,025,687
Physician	34,967,960
Pharmacy	26,408,324
Health Maintenance Organizations (HMO)	11,278,758
All Other Services*	22,407,693
Administration	9,648,195
TOTAL	$474,348,525

* Includes dental services, home and community health services, transportation, early and periodic screening, diagnosis and treatment services, special services.

merged into one computer file. Therefore, the figures in the tables at the end of this report do not include financial data on the following services: premiums for buy-in of Medicare-Part B ($5,073,793); capitation payments for health maintenance organizations ($11,278,758); payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program ($356,235); and payments for general transportation services ($1,276,469). This report details the remaining $446,715,075 spent in fiscal year 1982 for services provided to Program recipients.

Figure 4 compares enrollees and payments by various characteristics. Comparisons by age of eligibles reveal that although enrollees 65 years or older represented only 11.2% of the total eligibles, they accounted for 35.6% of total payments. Those under 21 years of age accounted for 49.1% of enrollees but only 18.0% of Program payments. Analysis by eligibility category shows that AFDC recipients represented 61.5% of all enrollees and accounted for just 27.3% of Program payments. The Medically Indigent aged, blind and disabled eligibles accounted for only 5.8% of enrollment but 31.4% of Program payments. Females made up 61.9% of enrollment and accounted for 67.4% of expenditures. Although white enrollees represented 38.5% of the eligibles, they accounted for 54.0% of total payments in fiscal year 1982.

SERVICES

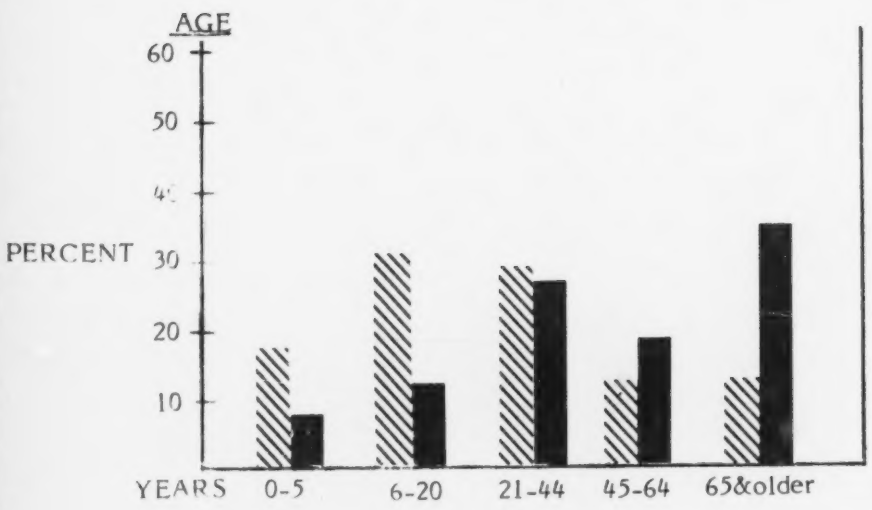
A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse midwife services; other laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment for children; transportation services; and rural health clinic services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate care; dental care; vision services; podiatry services; clinic services; pharmacy services; medical supplies and equipment; health maintenance organization services; medical day care; personal care and other treatment services.

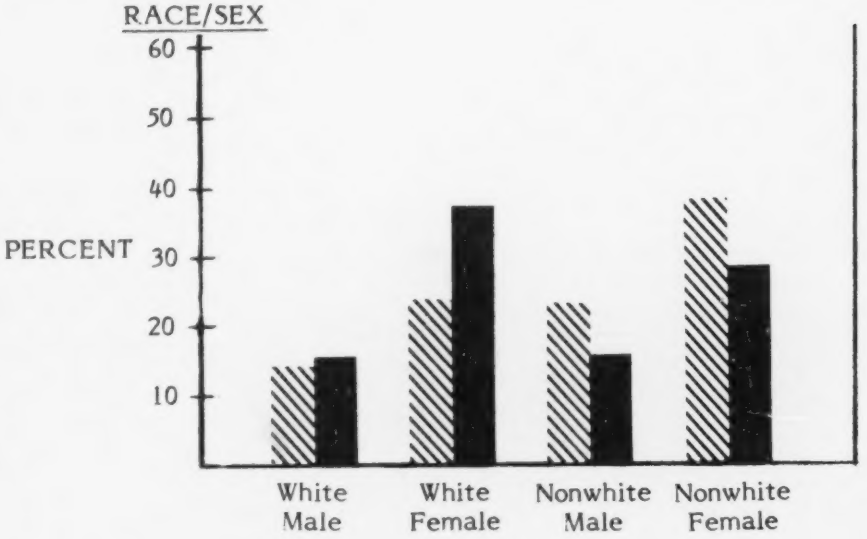
HOSPITAL SERVICES

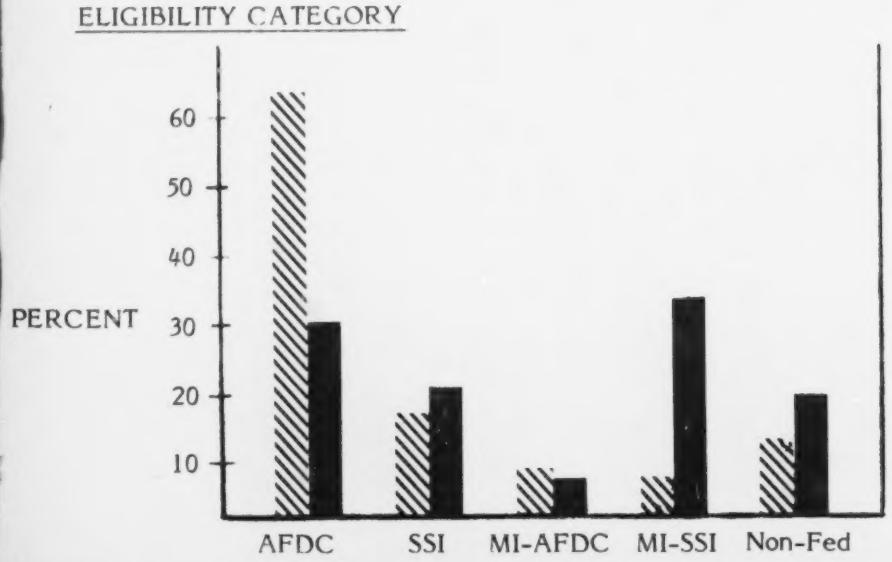
Fiscal year 1982 was the fifth year of the "Medicare Experiment", a methodology under which the Maryland Medical Assistance Program, Medicare and other payers

Figure 4

MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY SELECTED CHARACTERISTICS
Fiscal Year 1982







ENROLLMENT *

PAYMENTS

* Does not include cancels.
See Appendix B, Technical Note, for details.

reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each hospital's bad debts based on the utilization rate of Medicaid recipients.

During fiscal year 1982, the Program expanded its acute general hospital admission review procedures for elective admissions to require the certification and the assignment of an initial length of stay for all Medical Assistance patients prior to admission. The Program also established monitoring and retrospective certification procedures for all emergency admissions.

During the year, the Program's limitation on payment for general hospital inpatient days to no more than twenty (20) per spell of illness was modified. On January 1, 1982, regulations became effective which allow exceptions to the twenty-day limit for Medical Assistance patients requiring trauma, burn or neonatal services in any of the referral centers of the Maryland Institute for Emergency Medical Services System.

On October 1, 1981, as a result of the Omnibus Budget Reconciliation Act of 1981, the binding authority of the Professional Standards Review Organizations (PSROs) was terminated. The Act required the states to assume the responsibility for conducting utilization reviews of hospital services provided to their Medical Assistance recipients. In fiscal year 1982 the Maryland Medical Assistance Program contracted directly with four of the former PSROs to act as Utilization Control Agents to perform utilization reviews of all Medical Assistance hospital admissions throughout the State.

During fiscal year 1982, payments were made for approximately 560,000 days of inpatient care at a cost to the Program of $180.7 million. The average cost per day of $322.63 was 15.4% higher than the fiscal year 1981 average of $279.70. The Program paid $4.9 million for approximately 682,000 hospital outpatient visits in fiscal year 1982. The average payment of $71.84 per visit was 15.0% higher than the fiscal year 1981 average of $62.45 per visit. (See Tables 18 and 20 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in free-standing and hospital-based nursing facilities. The reimbursement ceiling for

nursing care provided in free-standing facilities in fiscal year 1982 was $40.91 per day, a 6.5% increase over the fiscal year 1981 ceiling of $38.41. Reimbursement rates for care provided in each of the six hospital-based facilities are determined by the Health Services Cost Review Commission.

In response to requests from the General Assembly, the Program has been exploring potential improvements in the methodology for reimbursing nursing facility service providers. In September 1980, a contract was awarded for the development of a reimbursement methodology which would provide incentives for quality patient care and equitable reimbursement for providers. During fiscal year 1982 a methodology was developed and refined and received approval from the Legislature and nursing home industry. The new reimbursement methodology is to be implemented January 1, 1983.

The Program paid $139.9 million for 4.7 million days of nursing facility care in fiscal year 1982, compared to $125.1 million for 4.5 million days of care in fiscal year 1981. The average cost of $29.69 per patient day in fiscal year 1982 was 7.5% higher than the fiscal year 1981 average of $27.62. Payments from patients' own resources in fiscal year 1982 accounted for an additional average of $9.84 per day, a 15.1% increase from the average of $8.52 in fiscal year 1981. (See Table 19 for detailed information.)

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: physician services rendered in the home, office or nursing facility (including services provided in free-standing clinics); and physician services provided in the hospital.

In an effort to expand the availability of maternity care services to Medical Assistance patients, physician services regulations were amended to allow for the reimbursement of services provided by a nurse-midwife employed by a physician even though the services were not rendered directly under the physician's supervision.

In fiscal year 1982, the Program paid a total of $35.0 million for physician services, a 12.2% increase over payments made in fiscal year 1981. Reimbursement for physician services provided in the hospital increased by 7.4%, from $16.3 million in fiscal year 1981 to $17.5 million in fiscal year 1982. Physicians were paid $15.9 million in fiscal year1982 for 750,200 home and office visits as compared to $13.2 million in fiscal year 1981 for 676,000 visits. The cost per home and office visit (including ancillary services and Medicare deductable and coinsurance) increased by 8.8%, from $19.52 in fiscal year 1981

to $21.24 in fiscal year 1982. Payments to clinics in fiscal year 1982 were over $1.6 million, a decrease of 4.7% below payments made to clinics in fiscal year 1981. (See Tables 21 through 24 for detailed information.)

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other covered items such as insulin, insulin syringes and needles, and family planning products when prescribed by a physician. Recipients are responsible for a co-payment of 50 cents for each prescription filled, except for early and periodic screening, diagnosis and treatment-related or family planning prescriptions.

To encourage the use of approved generic drug products, pharmacies and physicians are provided with a list of therapeutically equivalent drug products. The Program also maintains a list of drugs with maximum allowable cost (MAC) limits. This list, which contained 46 price controlled drugs in fiscal year 1982, is continually updated to reflect deletions and additions made by the Pharmaceutical Reimbursement Board of the Health Care Financing Administration.

The Medical Assistance Program paid $26.4 million for 2.7 million prescriptions in fiscal year 1982, an average of $9.63 per prescription. This was an increase of 14.0% over the average cost per prescription in fiscal year 1981. (See Tables 25 through 27 for detailed information.)

HEALTH MAINTENANCE ORGANIZATION SERVICES

Health maintenance organizations (HMOs) provide comprehensive health maintenance and treatment services to enrolled Medicaid eligibles for a fixed, prepaid monthly capitation fee. The HMO concept emphasizes the maintenance of health and the prevention of illness rather than episodic care.

During fiscal year 1982, the Program improved financial reporting procedures, monitored the impact of the eligibility determination procedures on HMO enrollment, continued to improve relations between HMOs and other providers, and instituted new strategies to promote the HMO option among Program enrollees.

The Program contracted with five HMOs to provide services to Medicaid recipients during fiscal year 1982, paying $11,278,758 for a monthly average of 16,778 HMO enrollees. The average monthly cost to the Program was $55.98 per person.

DENTAL SERVICES

The Program covers comprehensive dental services for Medical Assistance recipients under 21 years of age. Recipients who are 21 years old or older are eligible to receive services for the treatment of dental emergencies and several other specified services. Certain dental procedures require preauthorization.

In February, 1982, the Program began reimbursement for orthodontic services provided to recipients with severe handicapping malocclusions who are under 21 years of age and who are participating in the early and periodic screening, diagnosis and treatment program.

In fiscal year 1982, the dental program spent $5.9 million to provide dental services to over 89,000 Medical Assistance recipients. (See Tables 28 through 30 for detailed information.)

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Services provided by home health agencies include skilled nursing care, physical therapy, speech pathology services, occupational therapy, medical social services, and home health aide services. Recipients must be homebound and under the care of a physician who orders the type, frequency, and duration of home health services to be provided. Recipients who do not need skilled services may receive medically necessary non-skilled services or home health aide services if these services will prevent or postpone institutionalization. Six additional home health agencies began participating in the Program in fiscal year 1982, making home health services available in all Maryland jurisdictions.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's Utilization Control Agent as requiring at least intermediate nursing care. Medical day care recipients are transported to licensed day care centers where nursing and social work services, personal care, nutrition services, habilitation therapy, and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1982, nine medical day care providers operated a total of thirteen centers located in Baltimore City and Allegany, Anne Arundel, Montgomery, and Prince George's counties.

The Program reimburses for personal care services provided to chronically ill or

disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend or neighbor of the recipient and are monitored by a registered nurse.

Personal care services are provided in accordance with the needs of each patient. Generally, such services may include: basic assistance with dressing and grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization. During fiscal year 1982, personal care services were provided in Baltimore City and Allegany, Anne Arundel, Baltimore, Carroll, Caroline, Cecil, Dorchester, Harford, Howard, Kent, Montgomery, Prince George's, Talbot, Wicomico and Worcester counties.

Total payments to providers of home and community health services were $2.8 million in fiscal year 1982. Home health agencies were paid $1.9 million for services provided to approximately 3,400 persons, an average of $557.64 per recipient. Medical day care providers were reimbursed a total of about $330,000 for rendering approximately 12,000 days of care to a total of 158 recipients. The average cost per day was $28.22. Program payments were about $530,000 in fiscal year 1982 for personal care services provided to 660 recipients, an average of $805.60 per recipient. (See Table 31 for detailed information.)

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES

The early and periodic screening, diagnosis and treatment (EPSDT) program covers comprehensive health care services which are designed to detect physical and mental health problems and to provide necessary follow-up care to Medical Assistance recipients under 21 years of age. Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. Screening services, which are provided by the State's twenty-four local health departments, five health maintenance organizations, five children and youth clinics, and other approved providers, may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, language, speech, and dental check-ups; and various other optional screening procedures. The diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

To increase the availability of EPSDT services throughout the State, the Program continued to recruit physicians in the private sector. During fiscal year 1982, 135 offices and clinics, representing 180 physicians, participated as EPSDT providers.

The Program's contract with a private health management corporation to improve the EPSDT program in Maryland expired on December 31, 1981. In order to maintain continuity until a new contract became effective in August, 1982, the previous contract was extended through July, 1982. The contractor was responsible for outreach activities which included informing eligible families with eligible children of the value of preventive health services and encouraging their utilization of EPSDT services. The contractor also was responsible for enrolling providers and maintaining a computerized case management system to track EPSDT service recipients.

In fiscal year 1982, the local health departments were reimbursed $356,235 for 19,416 screenings. (See Table 32.) Health maintenance organizations were reimbursed $81,947 for 2,973 completed screenings. The five children and youth clinics in Baltimore City which provided 18,200 screenings were reimbursed a fixed fee of $30.00 for each clinic visit. Private providers were reimbursed $390,292 for 12,204 screenings. The total number of screenings in fiscal year 1982 was 52,793.

SPECIAL SERVICES

Disposible Medical Supplies and Durable Medical Equipment - The Program pays for certain disposible medical supplies and the rental, purchase or repair of durable medical equipment for eligible recipients based on the recipient's need and the type of equipment required. Regulations for these services were established effective July 1, 1981. Preauthorization must be obtained for disposible medical supplies or durable medical equipment costing more than $40 or renting for more than $10 per month.

Hearing Aid Services - Effective July 1, 1981, regulations were promulgated to establish coverage of hearing aids and related services to early and periodic screening, diagnosis and treatment (EPSDT) recipients. Covered services include audiological evaluations, hearing aid evaluations, hearing aids and certain accessories. Preauthorization is required for some services.

Medical Laboratory Services - The Program reimburses independent laboratories for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians in their offices for their own patients are not included in this program. Laboratories may bill the Program only for those procedures that Medicare has certified to be covered services.

Physical Therapy Services - The Program covers medically necessary physical therapy services ordered by a physician, podiatrist or dentist when provided in the recipient's home, the therapist's office, or a domiciliary care facility.

Podiatry Services - Surgical and emergency podiatry services and limited routine foot care provided in the recipient's home, the podiatrist's office, or a nursing home are covered by the Program. Reimbursement is available for surgery performed in a hospital, provided it is done within the provisions of the Program's hospital regulations. Specified surgical procedures are subject to post-operative review.

Transportation Services - There are two categories of transportation services available to recipients. The ambulance and wheelchair van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, such as outpatient visits and trips exceeding 20 miles, must be preauthorized.

The general transportation program pays providers for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis, buses, and min-vans. Providers include local health departments, hospitals and community groups.

Vision Care Services - The Program covers examinations and eyeglass services rendered by optometrists and opticians for recipients of all ages. Opthalmologists are reimbursed through the physician's program. Other diagnostic and treatment services are also available. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

(For detailed information regarding each of the special services described above see Table 33.)

OTHER SERVICES

Community Placement Services - The community placement program (CPP) is a systematic approach to meeting the long-term health care needs of Medical Assistance recipients. CPP services are provided to Maryland Medical Assistance recipients who live in the community, have long-term care needs and are at risk of institutionalization, or who are candidates for discharge from nursing homes but require health services to remain in the community. CPP provides comprehensive services including evaluation of a recipient's needs, development of a plan of care, placement, follow-up, and the identification of community services needed to maintain the recipient in the community. Baltimore City and Baltimore and Queen Anne's counties received CPP grants in fiscal year 1982.

Geriatric Evaluation Services - The geriatric evaluation services (GES) program provides a multi-disciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long-term care facility. GES is managed by the Department of Health and Mental Hygiene's Administration for Services to the Chronically Ill and Aging and is provided through the State's local health departments. Through the program, health and social assessments of aged persons at risk of institutionalization are performed and assistance is provided to patients, physicians, and other caregivers to implement its recommendations. GES is available in all Maryland jurisdictions except Calvert and Charles counties, whose residents have access to the program in neighboring counties. Of the total evaluations and consultations made by GES teams in fiscal year 1982, 22.5% or 1,052 contacts were for Medical Assistance recipients.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program, established by the Maryland General Assembly in 1978, is administered by the Assistant Secretary for Medical Care Programs and supported entirely by state funds. The purpose of this program is to help low-income families and individuals who are not eligible for Medical Assistance pay for prescriptions, insulin, and certain medical supplies.

Eligibility for Pharmacy Assistance is based on the financial resources available to the family unit. In fiscal year 1982, the maximum allowable income level was increased by $200, making the gross income standard $1,700 above the Medical Assistance scale. The asset standard for the Pharmacy Assistance Program remained the same as for the Maryland Medical Assistance Program. The following chart shows the gross income and asset levels effective during fiscal year 1982.

Family Size	Gross Income Standards	Assets Standards
1	$4,600	$2,500
2	5,100	2,600
3	5,600	2,700
4	6,100	2,800
Each Additional Person	+500	+100

During fiscal year 1982, increases in Social Security payments caused many

Pharmacy Assistance recipients to lose their eligibility. In order to prevent the reoccurrence of this situation, the General Assembly in 1982 passed Senate Bill 124. This law allows the Program to increase its income standards each year at the same rate as Social Security benefits are increased, not to exceed 8%.

In fiscal year 1982, an average of 10,573 individuals per month were enrolled in the Pharmacy Assistance Program. The Program paid $2,320,597 for 212,611 prescriptions, an average of $10.91 per prescription. Recipients are responsible for a $1.00 copayment for each prescription.

This is the only section of this publication in which information on the Pharmacy Assistance Program appears. All other statistics in this report are for the Maryland Medical Assistance Program only.

PROGRAM CONTROLS

The Program has been successful in recent years in implementing administrative improvements which have resulted in significant cost savings. Savings generated by these efforts have become increasingly important as federal funding for Medicaid continues to be severely cut. The impact of the Program's continuing efforts to develop and implement management controls is reflected in the results of major management control activities over the past year.

MEDICAID QUALITY CONTROL

The Program reviews a sample of Medical Assistance cases in order to identify the amount of erroneous payments due to eligibility determination errors, claims processing errors or failure to recover for third party liability.

Each year a corrective action plan is prepared. It identifies, evaluates and selects measures to eliminate or reduce errors in the Medicaid payment process. A key element of the 1982 plan is the implementation of the revised regulatory base for Medical Assistance eligibility. Corrective actions in the area of claims processing include the use of revised invoice forms which allows the complete automation of pricing for all services, except hospital services, upgrading computerized edit capabilities of the claims payment system and the publication and distribution of provider manuals in conjunction with provider training. Corrective actions in the area of third party recoveries include intensification of activities in the areas of estate claims, tort liability and medical child support.

In addition, the Program conducts supplemental post-payment review of claims in

order to identify flaws within the payment system and to perform focused reviews of aberrant billing practices by providers. Over 292,000 claims were reviewed in fiscal year 1982.

RECOVERIES

The Maryland Medical Assistance Program recovers money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile and personal injury settlements), workmen's compensation, estates, paternity/child support and provider refunds.

Improvements made in fiscal year 1982 in health insurance claims forms and claims processing systems contributed to an increase in health insurance collections. The Program also continued its work toward a cooperative agreement with the Department of Human Resources for the development and implementation of a comprehensive medical child support procedure.

Four significant pieces of legislation passed during the 1982 Session of the Maryland General Assembly will enhance the Program's recovery efforts. House Bill 447 enables the court to order the defendant in a paternity proceeding to contribute to the medical support of his child. House Bill 285 extends the Department of Health and Mental Hygiene's right of subrogation to motor vehicle personal injury protection benefits due to Medical Assistance recipients. House Bill 926 prohibits the Department from contributing to or paying for a recipient's attorney fees or litigation costs when carrying out its rights of subrogation. Senate Bill 117 prohibits health insurers in the State from denying payment to the Department for treatment received by a Medical Assistance beneficiary due to the manner, form or date of a claim submitted by the Department. The claim must provide sufficient information for the insurer to process the claim within two years following the date of treatment. All four laws became effective July 1, 1982.

During the year, collections were $7.9 million. An additional savings of $25.3 million resulted from cost avoidance activities.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or assets, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, local police jurisdictions, concerned citizens, and internal Program reviews.

Listed below are details concerning fraud investigation activities in fiscal year 1982.

Completed Investigations	322
Referrals to the Office of the Attorney General	74
Successful Prosecutions	34
Cases Pending with the Office of the Attorney General	51
Cases Pending Investigation	766
Fines, Savings and Recoveries	$97,871

Investigations of alleged provider fraud are the responsibility of the Medicaid Fraud Control Unit in the Office of the Attorney General.

ABUSE INVESTIGATIONS

Cases of possible abuse by providers are reviewed and investigated by the Medical Assistance Program. A sample of invoices submitted by providers is reviewed to identify inconsistencies with Program regulations and policies. In addition, provider-specific reviews of aberrant billing practices are conducted. Many irregularities can be resolved by obtaining additional information through letters to providers requesting clarification or by making visits to providers' business sites. Cases with implications of abuse are referred to peer groups and to the State's Commission on Medical Discipline. When fraud is suspected, referral is made to the Medicaid Fraud Control Unit in the Office of the Attorney General.

Cases of possible recipient abuse also are investigated by the Program. Recipients who are found to abuse Medical Assistance benefits are counseled and their utilization of services is monitored.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Assistance Program continued its efforts to install a complex computer-based Medicaid Management Information System (MMIS) by fiscal year 1983. This sophisticated, highly integrated claims processing system will have the capability to reduce erroneous and duplicate payment of bills; provide more efficient and accurate processing of invoices; assist the Program in its fraud and abuse activities; reduce possible waste in the Program, and produce utilization and management review reports.

The Program's capability to successfully complete this project was greatly enhanced by the transfer of data processing personnel to the Medical Assistance Program

in January 1982. This staff has formed the nucleus of system design and implementation activities.

PROGRAM COMMENT

Program Trends

Maryland Medical Assistance Program payments are determined by three major variables: enrollment, cost of services and service utilization. The following tables present information on these variables for fiscal years 1978 through 1982. Table A displays total Program payments and payments by major service category. Table B shows average monthly enrollment. Table C presents the cost per unit of service by major service type, and Table D shows the number of units of service per enrollee year.

Although total expenditures continued to grow in fiscal year 1982, the 7.6% increase over fiscal year 1981 was the smallest annual percentage increase in six years. Between fiscal year 1978 and 1982 Program spending increased at an average annual rate of 14.1%.

The relatively moderate rise in Program expenditures is due largely to the decrease in spending for inpatient services provided in acute general hospitals. Total payments for acute general hospital services, the largest single service component of the Program, decreased by 0.8% from $164.8 million in fiscal year 1981 to $163.5 million in fiscal year 1982. This decrease continued a downward trend which started in the prior fiscal year. Payments in fiscal year 1981 to acute general hospitals for inpatient services increased by only 4.2% after a 23.6% increase in 1980 (see Table A). The increase in acute general hospital inpatient cost per enrollee year was less than 2%, in spite of a 16.4% increase in the average cost per day. This is due to the decline in the number of days of care provided by acute general hospitals. The Program paid for 83,000 fewer inpatient days in fiscal year 1982 than in fiscal year 1981. This lowered the average number of days of care per enrollee year from 1.55 in fiscal year 1981 to 1.36 in fiscal year 1982.

The decrease in the number of days of care can be attributed largely to the impact of cost containment measures implemented in fiscal year 1981. These measures consisted of four regulatory changes and several administrative changes aimed at reducing unnecessary hospital utilization. The number of hospital days per spell of illness for which the Program would pay was limited to twenty, and the number of preoperative days for surgical admissions was limited to one. Payments were discontinued for administrative days for patients pending discharge to their home or nonmedical

institution and certain surgical procedures were restricted to the outpatient setting. Administrative measures included 100% review of hospital stays, preadmission review of all non-emergency admissions, and assignment of an appropriate length of stay.

The data reflect the success of these measures in reducing the rate of growth in acute general hospital inpatient payment. As a result of this success, an exemption from the 20-day limit of hospital inpatient services provided in designated referral centers of the Maryland Institute for Emergency Medical Services System was implemented in fiscal year 1982.

Other trends worth noting are the payments for nursing facility services, hospital outpatient services, physician services provided outside the hospital setting and pharmacy services. In fiscal year 1982, Program payments for nursing facility services, the second largest service component, increased 11.8%. This was the lowest percentage increase in the five year period. This was due primarily to a rather moderate increase of 7.3% in the average cost per day. However, utilization increased by 6.9%, a significantly greater rate than in the previous year. The elderly account for 90% of the Program's nursing facility patients. As the percentage of the population which is over 65 years old continues to increase, the need for long term care services is expected to grow. If present trends persist, payments for nursing facility services are likely to account for an increasing portion of Program spending.

Hospital outpatient payments increased 12.0% in fiscal year 1982, the lowest rate of increase for the five year period. Utilization remained constant at 1.92 units of care per enrollee year, while the cost per visit increased by 14.6%.

The number of physician home and office visits per enrollee year increased in fiscal year 1982 by 14.0%. This was the largest increase in utilization within the five year period for this service and the largest utilization increase in any service type in fiscal year 1982. The 11.3% increase in average cost per visit in fiscal year 1982 followed a 35.2% increase in fiscal year 1981 which was due to the implementation of a graduated fee schedule.

Payments for pharmacy services have been increasing at an accelerating rate during the past five years, reaching its highest rate, 21.2%, in fiscal year 1982. While the average annual increase in cost per pharmacy invoice remained relatively constant over the five year period, utilization increased by an unprecedented 9.3% in fiscal year 1982. Prior to that time, there was virtually no increase in utilization of pharmacy services.

National Political Environment

Ronald Reagan's successful bid for the Presidency in 1980 was partly due to his promise to reduce the growth of the federal government. Economic distress felt by taxpayers and their impatience with big government also resulted in the election of a much more conservative Congress.

Administrative and Congressional activities in the past two years have indicated a virtual abandonment of a national health care policy in favor of reduced federal spending for health programs. In 1981, Congress acquiesed to most of President Reagan's budget cuts in social and health programs.

The Omnibus Budget Reconciliation Act of 1981 is the first major product of the Administration's efforts to significantly reduce federal funding for non-defense programs. As a result of the Act, federal Medicaid funding was cut by $700 million in fiscal year 1982. This is to be achieved by reducing the federal matching payments to which each state otherwise would be entitled by 3% in fiscal year 1982, 4% in fiscal year 1983 and 4 1/2% in fiscal year 1984. The Act also created one social service and four health care block grants and lowered the level of funding for these grants an average of 25% below the funding levels in fiscal year 1981.

It is anticipated that Maryland will be able to reduce its federal funding loss by qualifying for some of the exemption provisions in the Omnibus Budget Reconciliation Act. In fiscal year 1982, Maryland will be able to reduce its 3% cut to 1% by meeting the standards for fraud and abuse and third party recovery collections and by having a statewide hospital rate setting commission. It is expected that in fiscal year 1983, the Program will qualify for a 1% exemption cut due to the rate setting commission. Maryland may qualify for a further exemption by keeping annual spending increases below specified target levels.

Congress did not agree to most of the budget cuts requested by the Administration for fiscal year 1983. Instead of the $2 billion reduction in the federal Medicaid budget proposed by the Administration, Congress approved budget provisions which will reduce federal funding by less than $300 million. The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, the result of budget negotiations, contains several administrative modifications to Medicaid. The only provision that places specific funding restrictions on the states imposes fiscal penalties, beginning April 1, 1983, on state Medicaid programs that exceed a 3% eligibility error rate.

Table A

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1978-1982

Fiscal Year	Acute General Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician In Hospital	Physician Home, Nursing Facility and Office	Pharmacy	Dental	Other[1]	Total[2]
1978	$110,354,981	$74,165,134	$25,098,715	$8,532,354	$7,621,344	$15,240,882	$4,593,107	$17,511,160	$263,117,677
1979	127,965,838 (+16.0%)	87,233,510 (+17.6%)	29,588,471 (+17.9%)	9,412,296 (+10.3%)	7,439,518 (-2.4%)	15,872,172 (+4.1%)	5,092,534 (+10.9%)	19,304,760 (+10.2%)	301,909,099 (+14.7%)
1980	158,115,084 (+23.6%)	103,213,195 (+18.3%)	36,006,676 (+21.7%)	11,812,309 (+25.5%)	8,917,679 (+19.9%)	18,119,414 (+14.2%)	6,622,081 (+30.0%)	24,848,255 (+28.7%)	367,654,693 (+21.8%)
1981	164,783,699 (+4.2%)	125,075,043 (+21.2%)	41,467,260 (+15.2%)	14,070,680 (+19.1%)	11,595,956 (+30.0%)	21,791,973 (+20.3%)	6,811,754 (+2.9%)	29,560,954 (+19.0%)	415,157,319 (+12.9%)
1982	163,528,350 (-0.8%)	139,896,935 (+11.8%)	46,440,190 (+12.0%)	15,063,610 (+7.1%)	14,316,535 (+23.5%)	26,408,324 (+21.2%)	5,909,092 (-13.2%)	35,152,039 (+18.9%)	446,715,075 (+7.6%)
Average Annual Percent Change FY's 78-82	(+10.3%)	(+17.2%)	(+16.6%)	(+15.3%)	(+17.1%)	(+14.7%)	(+6.5%)	(+19.0%)	(+14.1%)

1 Includes payments to special hospitals; payments for clinic, home health and special services; and Medicare coinsurance and deductables.

2 Does not include premiums paid for Part B of Medicare; capitation payments for health maintenance organization; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

Table B

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1978-1982

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT*	PERCENT CHANGE
1978	346,544	
1979	337,571	-2.6%
1980	347,820	+3.0%
1981	363,943	+4.6%
1982	354,309	-2.6%
Average Annual Percent Change FY's 78-82		0.6%

* Does not include cancelled enrollees previously included in enrollment counts. See Appendix B, Technical Note, for details.

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1978-1982

Fiscal Year	Acute General Hospital Inpatient (Day)	Nursing Facility (Day)	Hospital Outpatient (Visit)	Physician In Hospital (Service)	Physician Home, Nursing Facility, and Office (Visit)	Pharmacy (Invoice)	Dental (Service)
1978	$218.92	$20.27	$41.42	11.96	10.82	6.23	7.79
1979	245.53 (+12.1%)	22.82 (+12.6%)	46.41 (+12.0%)	14.40 (+20.4%)	11.64 (+7.6%)	6.80 (+9.1%)	8.40 (+7.8%)
1980	269.89 (+9.9%)	24.29 (+6.4%)	51.50 (+11.0%)	14.67 (+1.9%)	12.67 (+8.8%)	7.42 (+9.1%)	10.58 (+26.0%)
1981	291.78 (+8.1%)	27.63 (+13.8%)	59.39 (+15.3%)	16.11 (+9.8%)	17.14 (+35.3%)	8.45 (+13.9%)	10.57 (-9.4%)
1982	339.55 (+16.4%)	29.65 (+7.3%)	68.06 (+14.6%)	16.92 (+5.0%)	19.08 (+11.3%)	9.63 (+14.0%)	9.86 (-6.7%)
Average Annual Percent Change FY's 1978-1982	(+11.6%)	(+10.0%)	(+13.2%)	(+9.1%)	(+15.2%)	(+11.5%)	(+6.1%)

Table D

NUMBER OF UNITS OF SERVICE PER ENROLLEE YEAR
Fiscal Years 1978-1982

Fiscal Year	Acute General Hospital Inpatient (Day)	Nursing Facility (Day)	Hospital Outpatient (Visit)	Physician In Hospital (Service)	Physician Home, Nursing Facility, and Office (Visit)	Pharmacy (Invoice)	Dental (Service)
1978	1.45	10.56	1.75	2.06	2.03	7.06	1.70
1979	1.54 (+6.2%)	11.32 (+7.2%)	1.89 (+8.0%)	1.94 (5.8%)	1.89 (-6.9%)	6.91 (-2.1%)	1.79 (+5.3%)
1980	1.68 (+9.1%)	12.22 (+8.0%)	2.01 (+6.3%)	2.32 (+19.6%)	2.02 (+6.9%)	7.02 (+2.0%)	1.80 (+0.6%)
1981	1.55 (-7.7%)	12.44 (+1.8%)	1.92 (-4.5%)	2.40 (+3.4%)	1.86 (-7.9%)	7.08 (+1.0%)	1.77 (-1.7%)
1982	1.36 (-12.3%)	13.30 (+6.9%)	1.92 (0.0%)	2.51 (+4.6%)	2.12 (+14.0%)	7.74 (+9.3%)	1.69 (-4.5%)
Average Annual Percent Change FY's 1978-1982	(-1.6%)	(+5.9%)	(+2.3%)	(+5.1%)	(+1.1%)	(+2.3%)	(-0.1%)

In spite of these and other budget cuts the federal deficit continues at an unprecedented level. There is a clear indication that federal funding of social and health programs will, at best, be at a decreased rate of growth. However, reduced federal funding will not decrease the cost of the delivery of health care services to the nation's poor and disadvantaged. Rather, it will shift the burden of the expense to other levels of government, other payers, providers and recipients. To make matters worse, this comes at a time when state and local government budgets have been reduced by the nationwide inflation and economic slowdown.

In response to the large budget deficit projected in fiscal year 1981, the Maryland Medical Assistance Program successfully implemented cost containment policies in the area of hospital inpatient utilization. As a result of this deficit, and in anticipation of federal funding cuts, there has been a continuing effort to increase Program efficiency and identify effective cost containment strategies. Improvements in administrative procedures and initiatives in primary care and long term care have been planning priorities. The Program's objective is to increase the efficiency of health care delivery while minimizing the impact on Program recipients and providers. By coordinating these activities with other sectors of the health care delivery system, the Medical Assistance Program is striving to maintain the integrity of the Program in the face of continuing threats posed by federal budget cuts.

TABLES

The following tables, prepared by the Maryland Center for Health Statistics, give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1-17 describe Program payments, enrollees, recipients and services provided by eligibility category, residence and selected demographic characteristics. Tables 18-33 provide detailed information on the amount of payments for specific services. Table 34 provides a summary of selected Program data over a five year period.

Program regulations allow providers to submit claims up to twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare Program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all of the health care services they received. Tables 1-17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

Enrollees with a cancelled status have been excluded from all enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE I. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1982

AREA OF RESIDENCE	ELIGIBILITY CATEGORY[1]														
		Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
	Total[2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I[2]	SA
Total State	354,309	18,602	377	33,428	112	217,758	16,233	21	4,464	6,714	14,001	4,391	26,114	11,602	492
Baltimore City	187,616	7,891	270	16,838	62	126,438	5,025	7	1,656	3,132	3,652	1,101	17,735	3,625	184
Total Counties	166,693	10,711	107	16,590	50	91,320	11,208	14	2,808	3,582	10,349	3,290	8,379	7,977	308
Allegany	6,800	342	10	822	1	3,329	621	1	166	46	604	251	146	458	3
Anne Arundel	17,728	761	6	1,705	1	10,734	910	1	262	430	980	341	849	737	11
Baltimore	23,395	1,198	2	2,658	6	12,969	2,282	2	493	536	841	316	1,170	868	54
Calvert	3,020	161	2	252	1	1,662	126	1	54	55	330	104	109	152	11
Caroline	2,218	264	0	277	1	1,085	139	0	30	45	164	46	77	88	2
Carroll	3,274	272	4	358	0	1,360	315	1	77	118	334	67	124	244	0
Cecil	4,360	187	1	328	1	2,383	197	1	60	75	531	164	113	319	0
Charles	5,551	261	4	494	2	3,098	198	1	62	127	595	173	156	373	7
Dorchester	3,385	471	4	350	1	1,648	230	1	30	72	221	60	115	170	12
Frederick	4,317	299	1	497	0	1,962	407	0	87	125	360	112	155	284	28
Garrett	2,387	185	2	282	5	884	193	0	44	38	368	108	49	229	0
Harford	7,464	328	6	671	0	4,612	362	1	118	141	493	187	233	293	19
Howard	2,715	204	3	317	0	1,057	226	0	83	78	314	142	78	209	4
Kent	1,283	173	2	105	0	569	110	0	27	17	114	28	32	103	3
Montgomery	18,422	1,632	22	1,630	6	8,619	1,514	1	322	529	596	214	2,658	645	34
Prince George's	36,446	1,635	20	3,232	13	23,785	1,450	0	497	704	1,569	476	1,702	1,301	62
Queen Anne's	1,715	165	1	142	0	931	150	0	38	39	78	8	67	96	0
St. Mary's	3,651	353	2	382	3	2,105	128	0	40	77	240	53	83	184	1
Somerset	2,305	352	1	257	0	934	201	0	38	27	226	46	39	173	11
Talbot	1,524	202	2	210	0	645	144	0	33	42	95	16	31	103	1
Washington	6,315	460	5	611	5	2,527	658	0	120	140	775	227	101	466	20
Wicomico	6,167	483	5	591	4	3,426	479	2	88	83	347	96	214	326	23
Worcester	2,251	323	2	219	0	996	168	1	39	38	174	55	78	156	2

1 See Appendix A, Glossary of Terms for definitions of eligibility categories.
2 Does not include cancelled enrollees previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1982

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	Total[2]	Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total	$446,715,075	$180,714,973	$139,896,935	$49,025,687	$34,967,960	$26,408,324	$5,909,092	$2,772,458	$7,019,646
Federally Matched Indigent	204,183,085	100,239,844	22,471,310	33,943,454	21,851,143	15,056,698	4,421,642	1,882,309	4,316,685
OAA	26,857,913	5,723,039	14,454,422	956,205	1,576,330	3,114,816	44,600	532,250	456,251
PANB	496,623	154,538	180,759	45,337	32,781	49,240	3,026	20,495	10,447
APTD	54,648,188	28,511,533	7,830,173	6,526,795	3,963,617	5,161,197	230,830	1,145,697	1,278,346
EP	132,313	76,191	0	19,923	13,604	17,484	583	1,470	3,058
AFDC	122,048,048	65,774,543	5,956	26,395,194	16,264,811	6,713,961	4,142,603	182,397	2,568,583
Federally Matched Medically Indigent	163,767,483	28,724,683	116,743,138	3,740,377	5,129,980	6,888,281	729,720	478,495	1,332,809
MAO	121,397,281	6,644,553	106,344,482	507,326	1,786,883	5,138,588	31,671	220,956	722,822
MAB	108,305	21,334	76,408	1,295	3,428	5,199	203	0	438
MAD	18,955,389	6,009,600	10,286,688	516,982	656,112	1,014,921	25,458	199,307	246,321
MAFC	3,003,229	1,755,657	0	497,148	388,705	130,320	165,313	1,854	64,232
MAC	13,498,997	9,561,843	11,239	1,490,358	1,481,075	298,518	452,127	18,210	185,627
MAR	6,804,282	4,731,696	24,321	727,268	813,777	300,735	54,948	38,168	113,369
Non-Federally Matched	78,764,507	51,750,446	682,487	11,341,856	7,986,837	4,463,345	757,730	411,654	1,370,152
GPA	40,827,349	25,513,046	24,019	7,010,141	4,070,103	2,767,697	419,412	199,110	823,821
STND I	37,706,730	26,110,353	658,468	4,287,600	3,888,742	1,683,216	325,719	212,544	540,088
SA	230,428	127,047	0	44,115	27,992	12,432	12,599	0	6,243

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or general transportation services.

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TABLE 3. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1982

AREA OF RESIDENCE	Total[2]	ELIGIBILITY CATEGORY[1]													
		Federally Matched Indigent					Federally Matched Medically Indigent						Non Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	$446,715,075	$26,857,913	$496,623	$54,648,188	$132,313	$122,048,048	$121,397,281	$108,305	$18,955,389	$3,003,229	$13,498,997	$6,804,282	$40,827,349	$37,706,730	$230,428
Baltimore City	211,324,988	12,128,280	304,610	30,855,982	78,574	72,899,803	39,008,282	36,971	7,341,209	1,318,259	3,567,541	1,808,668	27,634,495	14,284,621	57,693
Total Counties	235,390,087	14,729,633	192,013	23,792,206	53,739	49,148,245	82,388,999	71,334	11,614,180	1,684,970	9,931,456	4,995,614	13,192,854	23,422,109	172,735
Allegany	10,917,684	798,307	23,621	1,157,068	80	1,770,950	4,817,506	8,311	697,902	16,720	406,087	231,779	245,139	743,596	618
Anne Arundel	22,594,168	1,144,354	28,636	2,430,788	359	5,848,668	6,618,336	13,330	1,061,603	150,532	873,350	487,876	1,774,246	2,160,738	1,352
Baltimore	41,141,784	1,784,439	1,307	3,802,757	4,492	6,900,009	19,334,255	794	2,175,303	440,222	881,580	571,549	1,770,902	3,405,154	69,021
Calvert	3,812,264	298,868	50	407,945	0	970,6[illegible]	783,259	12,311	246,106	9,604	330,437	149,115	151,874	450,187	1,868
Caroline	2,655,477	333,555	0	298,634	3,161	45[illegible]40[illegible]	882,693	13	87,608	18,336	209,763	67,478	149,414	148,417	0
Carroll	5,111,349	477,293	16,319	330,576	0	69[illegible]159	2,267,722	620	381,177	27,228	255,263	63,288	140,607	455,097	0
Cecil	5,029,504	337,553	528	571,899	365	1,396,063	1,248,915	31	155,041	39,090	396,261	194,708	245,844	443,206	0
Charles	5,651,223	501,720	16,709	653,947	2,540	1,513,307	1,103,998	10,031	199,374	62,946	352,445	238,598	310,838	678,945	5,825
Dorchester	4,523,765	415,155	10,840	499,158	904	927,409	1,501,391	0	246,544	26,892	166,050	51,946	275,713	398,247	3,516
Frederick	6,706,529	525,940	1,850	437,764	0	918,922	3,125,649	0	271,503	35,864	299,658	209,292	332,074	541,728	6,285
Garrett	3,411,146	310,674	451	417,981	4,373	386,050	1,518,157	0	137,706	11,954	149,702	117,545	80,054	276,499	0
Harford	9,674,942	401,103	5,005	1,021,429	0	2,473,818	2,925,267	11,668	538,188	32,110	548,396	186,743	573,148	953,772	4,295
Howard	4,700,031	221,183	265	506,082	2	695,598	1,403,633	0	399,148	35,300	330,147	200,848	118,710	788,163	952
Kent	1,810,560	133,870	3,715	129,194	0	356,401	690,815	0	81,046	7,860	113,926	44,995	41,198	206,726	814
Montgomery	28,611,288	1,897,193	34,131	2,560,948	3,818	4,744,125	11,594,600	1,459	1,272,116	189,156	840,752	329,763	2,903,822	2,224,258	15,152
Prince George's	46,699,771	2,447,078	15,676	5,661,245	19,112	13,426,844	9,800,431	0	2,375,141	376,542	2,114,518	1,224,513	2,783,363	6,409,274	46,034
Queen Anne's	2,327,757	165,002	1,311	146,901	0	515,893	874,731	0	159,873	9,784	96,958	9,673	92,810	254,821	0
St. Mary's	3,867,188	423,313	109	491,308	6,551	1,044,978	692,810	0	117,171	28,096	204,634	74,691	336,110	447,406	11
Somerset	3,215,413	346,027	401	235,049	0	448,472	1,327,002	0	95,466	10,534	189,260	61,422	90,658	410,547	575
Talbot	2,105,389	210,597	4,258	209,675	0	314,502	827,367	283	89,914	14,417	155,104	9,387	42,803	226,106	976
Washington	9,788,512	615,276	21,365	814,330	6,611	1,189,206	5,057,912	0	333,992	85,238	509,916	202,666	160,406	789,319	2,275
Wicomico	7,726,234	558,334	5,300	695,913	1,371	1,670,612	2,849,080	2,486	345,882	49,595	338,209	181,153	412,825	610,162	5,312
Worcester	3,308,109	382,799	166	311,615	0	483,214	1,143,470	10,002	146,376	6,950	169,040	86,586	160,296	399,741	7,854

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 4. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND TYPE OF SERVICE: FISCAL YEAR 1982

AREA OF RESIDENCE	TYPE OF SERVICE								
	Total[1]	Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total State	$446,715,075	$180,714,973	$139,896,935	$49,025,687	$34,967,960	$26,408,324	$5,909,092	$2,772,458	$7,019,646
Baltimore City	211,324,988	96,518,656	48,611,894	32,144,473	14,172,590	11,856,685	2,694,361	1,408,814	3,917,515
Total Counties	235,390,087	84,196,317	91,285,041	16,881,214	20,795,370	14,551,639	3,214,731	1,363,644	3,102,131
Allegany	10,917,684	2,708,532	5,742,012	677,207	718,175	700,008	156,333	133,197	82,220
Anne Arundel	22,594,168	8,743,739	7,567,355	1,576,993	2,352,646	1,417,139	392,628	118,984	424,684
Baltimore	41,141,784	12,480,879	20,048,300	2,533,494	2,581,472	2,340,343	408,077	219,570	529,649
Calvert	3,812,264	1,666,021	1,068,995	275,902	493,404	200,167	49,432	874	57,469
Caroline	2,655,477	829,577	1,062,529	153,346	285,945	237,425	38,726	20,527	27,402
Carroll	5,111,349	1,396,437	2,572,412	217,044	413,514	357,764	70,835	17,906	65,437
Cecil	5,029,504	2,031,798	1,424,961	454,924	536,050	405,524	85,875	21,274	69,098
Charles	5,651,223	2,364,057	1,489,341	550,907	678,376	374,967	121,020	3,027	69,528
Dorchester	4,523,765	1,743,028	1,551,084	312,496	449,755	330,835	72,993	7,037	56,537
Frederick	6,706,529	1,714,790	3,462,745	264,112	585,938	471,704	69,976	50,346	86,918
Garrett	3,411,146	687,434	1,910,758	189,323	265,407	266,102	46,411	17,320	28,391
Harford	9,674,942	3,635,177	3,161,151	705,883	988,355	680,133	186,253	174,656	143,334
Howard	4,700,031	2,158,519	1,497,249	227,645	399,351	247,574	46,675	45,911	77,107
Kent	1,810,560	598,133	735,206	102,895	191,386	140,732	18,318	3,186	20,704
Montgomery	28,611,288	9,182,945	12,325,015	1,934,352	2,546,534	1,664,510	423,009	167,075	367,848
Prince George's	46,699,771	22,777,117	11,395,106	4,450,324	4,466,221	2,279,135	527,484	214,057	590,327
Queen Anne's	2,327,757	760,696	921,014	157,886	243,364	191,551	25,374	0	27,872
St. Mary's	3,867,188	1,823,837	916,128	327,423	411,413	249,737	93,824	6,730	38,096
Somerset	3,215,413	895,982	1,457,689	204,637	289,049	264,937	42,065	15,275	45,779
Talbot	2,105,389	597,697	953,471	143,347	198,807	161,714	23,359	1,845	25,149
Washington	9,788,512	2,013,184	5,469,146	500,434	767,115	765,309	120,975	36,769	115,580
Wicomico	7,726,234	2,320,571	3,130,808	752,493	633,484	573,700	150,645	52,011	112,522
Worcester	3,308,109	1,066,167	1,422,566	168,147	299,609	230,629	44,444	36,067	40,480

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1982

ELIGIBILITY CATEGORY[1]	Total[2]	TYPE OF SERVICE: Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total[3]	$1,261	$ 510	$ 395	$138	$ 99	$ 74	$17	$ 8	$20
Federally Matched Indigent	$ 755	$ 371	$ 83	$ 125	$ 81	$ 56	$ 16	$ 7	$ 16
OAA	1,444	308	777	51	85	167	2	29	25
PANB	1,317	410	479	120	87	131	8	54	28
APTD	1,635	853	234	195	119	155	7	34	38
EP	1,181	680	0	178	122	156	5	13	27
AFDC	560	302	0	121	74	31	19	1	12
Federally Matched Medically Indigent	$3574	$ 627	$2,548	$ 82	$ 112	$ 150	$ 16	$ 10	$ 29
MAO	7,478	409	6,551	31	110	317	2	14	44
MAB	5,157	1,016	3,638	62	163	247	10	0	21
MAD	4,246	1,346	2,304	116	147	227	6	45	55
MAFC	447	261	0	74	58	19	25	0	10
MAC	964	683	1	107	106	21	32	1	13
MAR	1,550	1,078	6	166	185	68	12	9	26
Non-Federally Matched	$2,061	$1,354	$ 18	$ 297	$ 209	$ 117	$ 20	$ 10	$ 36
GPA	1,563	977	1	268	156	106	16	8	31
STND I	3,250	2,250	57	370	335	145	28	18	47
SA	468	258	0	90	57	25	25	0	13

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

[3] Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1982

AREA OF RESIDENCE	Total[2,3]	ELIGIBILITY CATEGORY[1]													
		Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 3	SA
Total State	$1,261	$1,444	$1,317	$1,635	$1,181	$560	$7,478	$5,157	$4,246	$447	$ 964	$1,550	$1,563	$3,250	$ 468
Baltimore City	1,126	1,537	1,128	1,833	1,267	577	7,763	5,282	4,433	421	977	1,643	1,558	3,941	314
Total Counties	1,412	1,375	1,795	1,434	1,075	538	7,351	5,096	4,136	470	960	1,518	1,575	2,936	561
Allegany	1,606	2,334	2,362	1,408	80	532	7,758	8.311	4,204	363	672	923	1,679	1,624	206
Anne Arundel	1,274	! 504	4,773	1,426	359	548	7,273	13,330	4,052	350	891	1,431	2,090	2,932	123
Baltimore	1,759	1,490	654	1,431	749	532	8,473	397	4,412	821	1,048	1,809	1,514	3,923	1,278
Calvert	1,262	1,856	50	1,619	0	584	6,216	12,331	4,558	175	1,001	1,434	1,393	988	170
Caroline	1,197	1,263	0	1,078	3,161	421	6,350	0	2,920	407	1,279	1,467	1,940	1,687	0
Carroll	1,561	1,755	4,080	923	0	512	7,199	620	4,950	231	764	945	1,134	1,865	0
Cecil	1,154	1,805	528	1,744	365	586	6,340	31	2,584	521	746	1,187	2,176	1,389	0
Charles	1,018	1,922	4,177	1,324	1,270	488	5,576	10,031	3,216	496	592	1,379	1,993	1,820	832
Dorchester	1,336	881	2,710	1,426	904	563	6,528	0	8,218	374	751	866	2,398	2,343	293
Frederick	1,554	1,759	1,850	881	0	468	7,680	0	3,121	287	832	1,869	2,142	1,907	224
Garrett	1,429	1,679	226	1,482	875	437	7,866	0	3,130	315	407	1,088	1,634	1,207	0
Harford	1,296	1,223	834	1,522	0	536	8,081	11,668	4,561	228	1,112	999	2,460	3,255	226
Howard	1,731	1,084	88	1,596	0	658	6,211	0	4,809	453	1,051	1,414	1,522	3,771	238
Kent	1,411	774	1,858	1,230	0	626	6,280	0	3,002	462	999	1,607	1,287	2,007	271
Montgomery	1,553	1,162	1,551	1,571	636	550	7,658	1,454	3,951	358	1,411	1,541	1,092	3,448	446
Prince George's	1,281	1,497	784	1,752	1,470	564	6,759	0	4,779	535	1,348	2,572	1,635	4,926	742
Queen Anne's	1,357	1,000	1,311	1,035	0	554	5,832	0	4,207	251	1,243	1,209	1,385	2,654	0
St. Mary's	1,059	1,200	55	1,286	2,184	496	5,413	0	2,929	365	853	1,409	4,050	2,432	11
Somerset	1,395	983	401	915	0	480	6,602	0	2,512	390	837	1,335	2,325	2,373	52
Talbot	1,381	1,043	2,129	998	0	488	5,746	0	2,725	343	1,633	587	1,381	2,195	976
Washington	1,550	1,338	4,273	1,004	1,322	471	7,687	0	2,783	609	658	893	1,588	1,694	114
Wicomico	1,253	1,156	1,060	1,178	343	488	5,948	1,243	3,930	596	975	1,887	1,929	1,872	231
Worcester	1,470	1,185	83	1,423	0	485	6,806	10,002	3,753	183	971	1,574	2,055	2,562	3,927

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

3 Does not include cancelled enrollees previously included in enrollment counts. See Appendix B, Technical Note, for details.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1982

AREA OF RESIDENCE	Total[1,2]	TYPE OF SERVICE							
		Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total State	$1,261	$510	$395	$138	$ 99	$ 74	$17	$ 8	$20
Baltimore City	1,126	514	259	171	76	63	14	8	21
Total Counties	1,412	505	548	101	125	87	19	8	19
Allegany	1,606	398	844	100	106	103	23	20	12
Anne Arundel	1,274	493	427	88	133	80	22	7	24
Baltimore	1,759	534	857	108	110	101	17	9	23
Calvert	1,262	552	354	91	163	66	16	0	20
Caroline	1,197	374	479	70	129	107	17	9	12
Carroll	1,561	427	786	66	126	109	22	5	20
Cecil	1,154	466	327	104	123	93	20	5	16
Charles	1,018	426	268	98	122	68	22	1	13
Dorchester	1,336	514	458	92	133	98	22	2	17
Frederick	1,554	397	802	62	136	109	16	12	20
Garrett	1,429	288	802	79	111	111	19	7	12
Harford	1,296	487	424	95	132	91	25	23	19
Howard	1,731	795	551	84	147	92	17	17	28
Kent	1,411	466	574	80	149	110	14	2	16
Montgomery	1,553	498	669	105	139	90	23	9	20
Prince George's	1,281	625	312	122	123	63	14	6	16
Queen Anne's	1,357	444	537	91	142	112	15	0	16
St. Mary's	1,059	500	250	90	113	68	26	2	10
Somerset	1,395	389	632	89	125	115	18	7	20
Talbot	1,381	392	626	94	130	106	15	1	17
Washington	1,550	320	866	79	121	121	19	6	18
Wicomico	1,253	376	508	122	103	93	25	8	18
Worcester	1,470	474	632	75	133	102	20	16	18

[1] Does not include cancelled enrollees previously included in enrollment counts. See Appendix B, Technical Note, for details.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 8. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1982

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	One Or More Types Of Service[2]	Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Service
TOTAL	387,584	67,857	17,390	220,558	296,684	273,351	89,261	3,422	127,410
Federally Matched Indigent	273,515	41,702	2,639	165,429	211,110	196,662	70,341	2,400	87,537
OAA	17,309	4,934	1,786	8,811	13,691	15,029	996	590	6,961
PANB	323	74	18	200	247	259	54	16	111
APTD	29,048	7,270	798	18,620	23,242	24,508	4,491	1,236	11,872
EP	98	18	0	67	80	87	8	3	49
AFDC	226,737	29,406	37	137,731	173,850	156,779	64,792	555	68,544
Federally Matched Medically Indigent	57,100	12,815	14,676	23,781	42,210	38,295	9,488	497	21,270
MAO	21,384	5,205	13,537	7,141	15,791	17,633	821	212	11,693
MAB	26	8	7	15	18	24	3	0	12
MAD	5,020	1,608	1,124	2,321	3,888	3,586	407	188	2,222
MAFC	5,854	590	1	2,812	4,573	3,187	2,300	10	1,433
MAC	18,702	3,660	2	8,486	13,277	9,948	5,086	48	3,888
MAR	6,114	1,744	5	3,006	4,663	3,917	871	39	2,022
Non-Federally Matched	56,969	13,340	75	31,348	43,364	38,394	9,432	525	18,603
GPA	32,917	6,901	17	20,313	26,376	25,249	6,498	338	12,756
STND I	23,701	6,410	58	10,880	16,741	12,944	2,760	187	5,764
SA	351	29	0	155	247	201	174	0	83

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 9. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND ELIGIBILITY CATEGORY: FISCAL YEAR 1982

AREA OF RESIDENCE	Total[2]	ELIGIBILITY CATEGORY[1]													
		Federally Matched Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	387,584	17,309	323	29,048	98	226,737	21,384	26	5,020	5,854	18,702	6,114	32,917	23,701	351
Baltimore City	189,498	7,073	231	14,351	47	121,425	6,457	9	1,723	2,306	4,516	1,323	21,589	8,321	127
Total Counties	198,086	10,236	92	14,697	51	105,312	14,927	17	3,297	3,548	14,186	4,791	11,328	15,380	224
Allegany	8,232	339	10	764	2	3,925	806	2	202	60	875	342	191	709	5
Anne Arundel	21,407	763	3	1,532	1	12,471	1,223	1	327	438	1,403	497	1,282	1,461	5
Baltimore	27,658	1,096	2	2,231	5	15,158	3,031	2	505	531	1,136	470	1,591	1,852	48
Calvert	3,625	155	1	241	0	1,904	199	1	64	56	415	150	149	279	11
Caroline	2,862	278	0	287	1	1,378	215	1	45	49	246	67	109	186	0
Carroll	4,353	271	4	351	0	1,969	414	0	88	113	412	94	219	418	0
Cecil	5,604	198	1	321	2	2,991	294	1	79	86	722	214	165	530	0
Charles	6,102	252	4	447	2	3,244	264	1	69	119	720	232	208	537	3
Dorchester	4,327	474	3	374	1	2,164	295	0	54	71	278	82	173	349	9
Frederick	5,589	267	1	463	0	2,516	542	0	116	128	539	173	280	547	17
Garrett	2,999	175	2	268	6	1,172	258	0	59	45	461	180	72	301	0
Harford	9,362	328	4	637	0	5,648	517	1	150	141	611	266	383	654	22
Howard	3,367	191	2	288	1	1,342	283	0	99	68	418	185	107	381	2
Kent	1,691	166	3	107	0	735	140	0	37	23	177	48	59	195	1
Montgomery	21,276	1,439	16	1,309	5	9,948	1,987	2	339	504	787	299	3,253	1,368	20
Prince George's	40,110	1,403	19	2,516	13	24,840	1,945	0	557	641	2,282	782	2,119	2,952	41
Queen Anne's	2,313	180	1	151	0	1,244	202	0	46	43	127	16	109	194	0
St. Mary's	4,177	362	2	356	3	2,346	161	0	43	81	302	68	123	329	1
Somerset	3,034	371	1	245	0	1,240	278	0	54	29	357	68	63	320	8
Talbot	1,964	215	4	215	0	845	178	1	44	49	151	25	64	173	0
Washington	7,740	474	4	756	5	3,169	862	0	141	151	998	285	152	731	12
Wicomico	7,307	512	4	601	4	3,833	608	3	124	83	460	137	325	597	16
Worcester	2,987	327	1	237	0	1,230	225	1	55	39	309	111	132	317	3

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1982

AREA OF RESIDENCE	One or More Types of Service [1]	TYPE OF SERVICE							
		Hospital Inpatient	Nursing Facility Care	Hospital Outpatient	Physician	Pharmacy	Dental	Home Health	Special Services
Total State	387,584	67,857	17,390	220,558	296,684	273,351	89,261	3,422	127,410
Baltimore City	189,498	31,575	5,541	126,682	138,164	133,036	44,937	1,853	67,289
Total Counties	198,086	36,282	11,849	93,876	158,520	140,315	44,324	1,569	60,121
Allegany	8,232	1,690	703	5,128	6,161	6,128	2,155	96	1,707
Anne Arundel	21,407	3,756	987	9,149	17,895	15,646	5,419	139	7,640
Baltimore	27,658	4,539	2,552	12,711	21,665	19,887	6,353	221	9,474
Calvert	3,625	834	139	1,651	3,016	2,529	763	5	1,062
Caroline	2,862	537	183	1,412	2,402	2,166	526	31	558
Carroll	4,353	681	345	1,596	3,683	3,234	962	25	1,254
Cecil	5,604	1,155	184	3,154	4,731	4,207	1,351	28	1,388
Charles	6,102	1,084	159	3,130	4,835	4,203	1,469	7	1,618
Dorchester	4,327	973	217	2,280	3,708	3,230	1,004	14	1,260
Frederick	5,589	952	433	2,151	4,685	4,012	1,071	40	1,636
Garrett	2,999	543	237	1,609	2,318	2,191	703	16	522
Harford	9,362	1,644	367	4,550	7,624	6,861	2,540	121	2,729
Howard	3,367	751	193	1,320	2,737	2,335	720	66	1,269
Kent	1,691	370	92	865	1,426	1,259	388	11	429
Montgomery	21,276	3,572	1,628	9,241	17,580	14,523	4,487	198	6,825
Prince George's	40,110	7,751	1,471	18,571	30,335	26,634	7,709	324	12,221
Queen Anne's	2,313	476	154	1,030	2,021	1,754	481	0	537
St. Mary's	4,177	729	106	2,052	3,251	2,895	1,085	14	960
Somerset	3,034	562	180	1,417	2,590	2,199	609	35	1,043
Talbot	1,964	459	156	1,116	1,588	1,401	408	7	433
Washington	7,740	1,357	719	4,013	6,452	5,570	1,628	39	2,493
Wicomico	7,307	1,299	455	4,619	5,292	5,271	1,875	89	2,204
Worcester	2,987	568	189	1,111	2,525	2,180	618	43	859

[1] Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 11. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1982

AREA OF RESIDENCE	UNITS OF SERVICE								
	Hospital Discharges	Hospital Days	Nursing Facility Care Days	Outpatient Department Visits[1]	Emergency Room Visits[1]	Physician Home & Office Visits	Pharmacy Invoices	Dental Services	Home Health Services
Total State	75,676	563,443	4,712,143	493,617	188,773	750,199	2,741,959	599,210	121,068
Baltimore City	36,595	279,665	1,516,668	421,642	88,980	298,988	1,191,744	278,159	62,268
Total Counties	39,081	283,778	3,195,475	71,975	99,793	451,211	1,550,215	321,051	58,800
Allegany	1,862	12,431	199,031	353	10,866	13,813	79,535	16,052	4,767
Anne Arundel	4,100	29,455	265,267	6,518	12,930	54,476	149,878	38,434	7,213
Baltimore	5,007	43,674	707,492	23,154	9,144	54,988	240,128	41,710	11,321
Calvert	944	5,895	35,404	663	1,385	10,372	21,411	4,491	26
Caroline	536	3,065	37,931	85	910	7,615	26,433	3,699	1,055
Carroll	664	5,067	94,997	527	1,260	10,290	38,110	7,502	683
Cecil	1,354	7,690	54,042	336	3,432	15,249	43,365	8,682	939
Charles	1,140	7,096	45,347	715	3,344	13,265	37,311	11,977	92
Dorchester	993	6,777	55,242	188	1,787	11,358	43,703	6,572	251
Frederick	1,001	6,668	116,594	291	2,425	12,672	49,815	7,480	1,412
Garrett	532	2,827	64,099	126	1,981	6,404	29,586	4,668	409
Harford	1,747	12,141	105,027	2,114	4,434	25,264	73,049	19,936	6,799
Howard	803	6,768	52,293	712	1,065	6,597	24,361	4,371	1,694
Kent	364	2,433	24,982	38	628	4,141	15,458	1,922	203
Montgomery	3,767	28,426	434,061	9,601	8,805	52,072	176,885	40,618	5,777
Prince George's	8,873	70,246	391,806	20,163	20,417	94,418	240,835	53,862	7,956
Queen Anne's	460	2,697	33,383	140	662	6,437	20,537	2,579	0
St. Mary's	809	5,470	28,369	459	2,149	8,899	24,669	8,474	184
Somerset	507	3,052	48,038	635	764	6,195	28,887	4,315	1,401
Talbot	409	2,559	33,916	113	938	4,808	17,365	2,402	61
Washington	1,344	7,920	202,558	231	5,114	14,829	83,721	11,593	1,186
Wicomico	1,328	7,882	118,786	4,485	4,793	10,745	59,932	15,218	3,611
Worcester	537	3,539	46,810	328	560	6,304	25,241	4,494	1,760

[1] Due to reporting methods used by Johns Hopkins Hospital (JHH), all emergency room visits made to JHH are included in a combined total of 123,001 reported as outpatient department visits.

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TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT: FISCAL YEAR 1982

AGE OF RECIPIENT	TOTAL PAYMENTS[1]	WHITE		NON-WHITE	
		Male	Female	Male	Female
All Ages	$446,715,075[2]	$72,247,519	$169,146,478	$71,655,040	$131,920,456
Under 6	$35,832,284	$ 6,786,934	$ 6,988,994	$11,316,945	$10,545,618
6-20	44,781,865	7,363,126	10,845,890	9,207,607	16,946,174
21-44	121,002,693	17,631,785	32,076,109	20,002,258	50,464,322
45-64	86,212,172	15,103,708	25,176,712	18,022,995	27,550,739
65 & Over	158,886,061	25,361,966	94,058,773	13,105,235	26,413,603

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

2 Includes payments totalling $1,745,582 for persons of unknown race and sex.

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TABLE 13: AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY AGE, RACE AND SEX: FISCAL YEAR 1982

	TOTAL ENROLLEES[1]		WHITE				NON-WHITE			
			Male		Female		Male		Female	
AGE OF ENROLLEE	Number of Enrollees	Average Payment[2]	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment	Number of Enrollees	Average Payment
All Ages	354,309	$1,261	31,845	$1,394	84,455	$2,003	83,252	$ 861	134,757	$ 979
Under 6	61,720	581	10,632	638	10,474	667	20,174	561	20,440	516
6 - 20	112,307	399	17,369	424	19,473	557	35,226	261	40,239	421
21 - 44	101,630	1,191	12,459	1,415	26,513	1,210	15,005	1,333	47,653	1,059
45 - 64	39,131	2,203	5,906	2,557	10,773	2,337	7,886	2,285	14,566	1,891
65 & Over	39,521	4,020	5,479	4,629	17,222	5,462	4,961	2,642	11,859	2,227

1 Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

2 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 14. NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1982

	TOTAL RECIPIENTS[1]		WHITE				NON-WHITE			
			Male		Female		Male		Female	
AGE OF RECIPIENT	Number of Recipients	Average Payment[2]	Number of Recipients	Average Payment	Number of Recipients	Average Payment	Number of Recipients	Average Payment	Number of Recipients	Average Payment
All Ages	387,584	$1,153	60,402	$1,196	103,219	$1,639	80,681	$ 888	138,739	$ 951
Under 6	65,004	551	12,152	558	12,309	568	19,656	576	20,402	517
6 - 20	114,949	390	19,850	371	23,708	457	31,068	296	38,729	438
21 - 44	118,033	1,025	14,398	1,225	33,627	954	16,259	1,230	52,099	969
45 - 64	44,839	1,923	7,307	2,067	12,931	1,947	8,560	2,105	15,612	1,765
65 & Over	44,759	3,550	6,695	3,788	20,644	4,556	5,138	2,551	11,897	2,220

1 Includes 4,543 persons of unknown sex or race.
2 (Same as Table 13).

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1982

TYPE OF SERVICE	Total All Ages	AGE				
		Under 6	6-20	21-44	45-64	65 & Over
Total - All Services [1]	$446,715,075	$35,832,284	$44,781,865	$121,002,693	$86,212,172	$158,886,061
Hospital Inpatient	180,714,973	22,759,761	22,393,297	72,497,600	47,151,404	15,912,911
Nursing Facility Care	139,896,935	0	37,535	2,570,009	12,548,326	124,741,065
Hospital Outpatient	49,025,687	6,895,142	9,607,768	21,159,313	9,205,646	2,157,818
Physician	34,967,960	4,174,872	5,894,846	13,678,056	7,153,105	4,067,081
Pharmacy	26,408,324	1,108,151	2,096,623	6,723,912	7,010,656	9,468,982
Dental	5,909,092	386,677	3,520,331	1,668,482	243,026	90,576
Home Health	2,772,458	74,600	50,627	569,110	1,044,834	1,033,287
Special Services	7,019,646	433,081	1,180,838	2,136,211	1,855,175	1,414,341

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payment to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1982

TYPE OF SERVICE	Total All Ages	AGE				
		Under 6	6-20	21-44	45-64	65 & Over
One or More Types of Service[1]	387,584	65,004	114,949	118,033	44,839	44,759
Hospital Inpatient	67,857	7,641	10,161	26,750	11,503	11,802
Nursing Facility Care	17,390	0	4	239	1,371	15,776
Hospital Outpatient	220,558	40,909	60,231	73,608	26,706	19,104
Physician	296,684	49,841	81,168	94,510	36,954	34,211
Pharmacy	273,351	43,765	66,285	88,671	37,077	37,553
Dental	89,261	7,613	47,744	26,590	5,041	2,273
Home Health	3,422	259	127	627	1,389	1,020
Special Services	127,410	10,851	31,888	43,601	19,972	21,098

1 Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1982

TYPE OF SERVICE	Total All Ages	AGE				
		Under 6	6-20	21-44	45-64	65 & Over
Total - All Services[1]	$1,153	$551	$390	$1,025	$1,923	$3,550
Hospital Inpatient	467	350	195	614	1,052	355
Nursing Facility Care	361	0	*	22	280	2,787
Hospital Outpatient	127	106	84	179	205	48
Physician	90	64	51	116	160	91
Pharmacy	68	17	18	57	156	212
Dental	15	6	31	14	6	2
Home Health	7	1	1	5	23	23
Special Services	18	7	10	18	41	32

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

* Less than 0.5%

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TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1982

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
GRAND TOTAL - ALL HOSPITALS	75,676	563,443	$180,714,973	
GENERAL HOSPITALS	71,561	480,360	$165,482,398	$344.50
Baltimore City	38,545	264,377	$103,269,932	$390.62
Baltimore City Hospitals General	2,862	20,232	$ 7,422,573	366.87
Bon Secours	1,545	11,530	3,538,354	306.88
Church Hospital	1,221	9,233	3,113,971	337.27
Good Samaritan	141	1,429	327,125	228.92
Johns Hopkins	8,055	55,656	23,596,232	423.97
Johns Hopkins Oncology Center	92	983	939,129	955.37
Lutheran	1,303	10,323	3,307,170	320.37
Maryland General	1,980	12,786	4,843,163	378.79
Mercy	2,040	12,266	4,555,017	371.35
North Charles General	719	6,980	2,097,825	300.55
Provident	2,565	20,012	6,558,430	327.72
St. Agnes	1,848	10,245	3,803,443	371.25
Sinai	2,661	16,851	6,606,497	392.05
South Baltimore General	2,416	14,094	4,191,971	297.43
Union Memorial	2,229	13,351	5,260,638	394.03
University of Maryland	6,452	45,401	22,355,708	492.41
Wyman Park Health System	416	3,005	752,686	250.47
Counties	29,544	185,619	$ 50,140,320	$270.12
Anne Arundel General	888	5,522	$ 1,418,634	$256.91
Baltimore County General	254	2,129	554,221	260.32
Calvert Memorial	893	4,546	1,051,822	231.37
Carroll County General	304	1,893	437,443	231.08
Clinton Community	228	1,141	285,295	250.04
Doctors' Hospital of P.G. County	367	3,045	958,331	314.72
Dorchester General (Cambridge)	795	4,676	999,075	213.66
Edward McCready Memorial	218	1,232	378,320	307.08
Eugene Leland Memorial	451	4,158	1,098,521	264.19
Fallston General	455	3,394	851,905	251.00
Franklin Square	1,599	9,983	3,145,633	315.10
Frederick Memorial	728	4,193	812,279	193.72
Frostburg Community (Miner's)	122	852	146,548	172.00
Garrett County Memorial	348	1,676	404,681	241.46
Greater Baltimore Medical Center	902	4,594	1,560,453	339.67
Greater Laurel Beltsville	487	4,484	1,176,895	262.47

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TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Harford Memorial	1,030	5,454	$ 1,224,294	$224.48
Holy Cross	883	5,290	1,582,310	299.11
Howard County General	550	3,246	1,099,258	338.65
Kent & Queen Anne's General	505	3,137	691,120	220.31
Memorial (Cumberland)	849	5,318	1,141,858	214.72
Memorial Hospital at Easton	1,133	6,121	1,295,431	211.64
Montgomery General	802	5,616	1,615,371	287.64
North Arundel	953	6,987	1,568,569	224.50
Peninsula General	1,952	11,171	2,847,854	254.93
Physicians Memorial	654	3,576	1,045,030	292.23
Prince George's General	4,010	26,477	8,685,709	328.05
Sacred Heart	904	5,869	1,085,723	184.99
St. Joseph's	735	4,410	1,373,656	311.49
St. Mary's	487	2,593	620,603	239.34
Shady Grove Adventist	528	2,992	1,047,357	350.05
Southern Maryland	1,032	7,427	2,196,418	295.73
Suburban	362	3,361	902,867	268.63
Union of Cecil	902	4,451	1,059,846	238.11
Washington County	1,190	6,740	1,619,148	240.23
Washington Adventist	1,044	7,865	2,157,842	274.36
Out of State	3,472	30,364	$12,072,146	$397.58
Washington D. C.	2,840	25,105	$11,154,471	$444.31
Capitol Hill	13	88	$ 31,944	$363.00
Children's Hospital of D.C.	660	4,804	3,065,598	638.13
Columbia	41	263	126,608	481.40
D. C. General	14	94	29,875	317.82
George Washington	10	374	97,402	260.43
Georgetown University	248	2,042	1,165,158	570.60
Greater Southeast Community	947	7,273	3,122,678	429.35
Hadley Memorial	48	426	115,045	270.06
Hospital for Sick Children	140	3,921	703,988	179.54
Howard University	84	499	226,122	453.15
Providence	222	1,585	564,206	355.97
Sibley Memorial	49	320	91,149	284.84
Washington Hospital Center	364	3,416	1,814,698	531.23
Other	632	5,259	$ 917,675	$174.50

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
CHRONIC HOSPITALS	2,398	57,328	$ 5,587,730	$ 97.47
Baltimore City (Chronic)	607	16,293	$ 1,163,040	$ 71.38
Good Samaritan Hospital (Special)	152	2,126	601,563	282.96
John Deaton	959	22,112	2,216,629	100.25
Keswick	45	1,303	61,954	47.55
Levindale	385	8,968	898,103	100.15
Prince Geogre's Hospital ECF	250	6,526	646,441	99.06
CHILDREN'S FACILITIES	1,408	24,510	$ 6,893,200	$281.24
Children's Hospital	203	1,802	$ 657,132	$364.67
John F. Kennedy Institute	305	5,550	2,163,402	389.80
James Kernan	238	2,165	598,181	276.30
Mt. Washington Pediatric Hospital	662	14,993	3,474,485	231.74
KIDNEY DISEASE PROGRAM	309	1,245	$ 541,352	$434.82
DIRECT THIRD PARTY RECOVERIES			($2,495,400)	
MEDICARE-DEDUCTABLE AND COINSURANCE			$ 4,705,693	

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1982

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
GRAND TOTAL - ALL FACILITIES	183	4,712,143	$139,896,935 *
HOSPITAL BASED FACILITIES	6	230,035	$ 12,786,565
Baltimore City	4	204,492	$ 11,337,561
Baltimore City Nursing Facility		52,679	$ 2,395,547
John L. Deaton Nursing Home		43,707	2,723,762
Keswick		29,713	1,329,120
Levindale Home		78,393	4,889,132
Prince George's County	1	22,892	$ 1,252,312
Prince George's Nursing Center		22,892	$ 1,252,312
Talbot County	1	2,651	$ 196,692
Memorial Hospital Easton Nursing Facility		2,651	$ 196,692
FREE STANDING FACILITIES	177	4,482,108	$128,638,887
Baltimore City	39	1,239,295	$ 37,587,178
Ardleigh Nursing Home		10,997	$ 277,517
Asburton Nursing Home		13,044	438,769
Belair Convalesarium		67,705	1,920,039
Blancaflor Nursing Home		17,687	553,501
Caton Manor Nursing Center		55,467	1,399,760
Century Home		29,543	1,001,972
Crawford Retreat		7,507	215,039
Edgewood Nursing Home		23,856	621,303
Federal Hill Nursing Center		114,180	3,686,531
Friedlers Guest House		11,192	343,811
Garden Village		9,010	262,321
Garrison Nursing Home		7,266	241,004
Granada Nursing Home		39,996	1,190,850
Greater Pennsylvania Avenue Nursing Center		44,684	1,517,227
Greenwood Acres Nursing Home		8,264	303,276
Hamilton Nursing Center		18,431	482,118
Harford Gardens Convalescent Center		20,332	608,850
Haven Nursing Home		7,523	233,303

* Grand total payments is net of third party recoveries and advanced payments. See final page of Table 19 for details.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Baltimore City (Continued)			
Hayes Care Home		3,767	$ 96,477
House in the Pines - Bel Air		19,545	439,344
House in the Pines - Belvedere		37,305	970,749
Jenkins Memorial		34,548	975,555
Jewish Convalescent & Nursing Home		28,607	877,282
Kenesaw Nursing Home		9,398	265,523
Kenson Nursing Home		14,035	450,461
Key Circle Hospice		40,968	1,147,832
Lafayette Square Nursing Center		94,094	3,125,736
Lake Drive Nursing Home		17,694	566,311
Lincoln Convalescent Center		80,966	2,813,323
Long Green Nursing Center		5,612	123,293
Maryland Baptist Aged Home		12,024	421,543
Medichin		36,595	1,204,974
Melchor Nursing Home		16,525	521,743
Midtown Home		49,461	1,463,752
Mt. Sinai Nursing Home		20,871	628,823
Pimlico Manor		17,065	540,162
Pleasant Manor Nursing Home		41,090	1,040,805
Poplar Manor Nursing Home		50,557	1,567,608
Seton Hill Manor		101,884	3,048,691
Allegany County	5	157,231	$4,565,360
Allegany County Nursing Home		53,309	1,598,961
Cumberland Villa Nursing Center		19,486	425,566
Egle Nursing Home		7,150	201,882
Frostburg Villa Nursing Home of Allegany County		51,980	1,566,030
Lions Manor Nursing Home		25,306	772,921
Anne Arundel County	9	223,586	$6,265,518
Annapolis Convalescent Center		7,566	$ 200,880
Bay Manor Nursing Home		25,992	814,438
Crofton Convalescent Center		22,932	667,156
Fairfield Nursing Center		30,946	877,499
Hammonds Lane Nursing Center		17,568	440,997
Knollwood Manor		31,645	967,331
Maryland Manor of Glen Burnie		31,131	848,127
North Arundel Nursing and Convalescent Center		18,092	437,213
Plaza Manor Convalescent Home		37,714	1,011,877

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Baltimore County	34	914,557	$24,990,411
Armacost Nursing Home		11,910	$ 370,692
Augsburg Lutheran Home		19,948	621,088
Bent Nursing Home		17,928	567,740
Chapel Hill Convalescent Home		13,773	344,085
Dulaney Towson Nursing Home		14,982	396,702
Forest Haven Nursing Home		55,484	1,146,529
Frederick Villa Nursing Center		20,582	472,663
Garrison Valley Center		27,071	699,053
Heritage Nursing Center		11,648	416,862
Holly Hill Manor		278	7,626
House in the Pines - Catonsville		32,079	847,136
Hurwitz House		7,816	230,294
Inglenook Nursing Home		24,266	627,734
Ivy Hall Nursing & Convalescent Home		6,665	185,150
Jewish Convalescent & Nursing Home		48,239	1,513,672
Katherine Robb Nursing Home		3,077	85,146
Little Sisters of the Poor		30,434	841,721
Manor Care - Rossville		38,554	910,989
Manor Care - Ruxton		31,605	874,131
Manor Care - Towson		14,270	405,210
Milford Manor Nursing Home		15,144	405,073
Old Court Nursing Home		46,074	1,204,175
Perring Parkway Nursing Home		19,913	477,707
Pickersgill		21,328	654,679
Pikesville Convalescent Home		39,121	1,079,320
Randallstown Nursing Home		59,341	1,471,840
Ridgeway Manor		15,913	502,638
Riverview Nursing Centre		80,054	2,334,668
St. Joseph's Nursing Home		8,231	248,782
Shady Nook Nursing Home		11,520	321,762
Stella Maris Hospice		77,815	2,279,263
Summit Nursing Home		10,611	251,528
Valley Nursing & Convalescent Center		47,018	1,345,369
Valley View Nursing Home		31,865	849,384
Calvert County	2	31,731	$ 942,120
Calvert County Nursing Center		19,553	$ 618,988
Calvert House		12,178	323,132
Caroline County	1	15,599	$ 431,458
Caroline Nursing Home		15,599	$ 431,458

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Carroll County	6	104,313	$3,016,077
Carroll Lutheran Villa Home Care Center		1,630	$ 47,044
Golden Age Guest Home		6,964	211,906
Long View Nursing Home		9,465	269,106
Pleasant View Nursing Home #2		37,120	1,265,148
Sykesville Eldercare Center		19,943	521,444
Westminster Villa Nursing Center		29,191	701,429
Cecil County	3	51,171	$1,379,019
Calvert Manor Nursing Home		9,243	$ 244,041
Devine Haven Convalescent Home		10,568	248,621
Laurelwood Nursing Center		31,360	886,357
Charles County	1	25,897	$ 842,066
Charles County Nursing Home		25,897	$ 842,066
Dorchester County	2	55,773	$1,600,211
Cambridge House		48,258	$1,374,418
Glasgow Nursing Home		7,515	225,793
Frederick County	4	76,726	$2,321,990
Citizens Nursing Home of Frederick County		45,495	$1,462,134
Frederick Nursing & Convalescent Center		16,239	448,849
Homewood Retirement Center		4,149	133,057
Vindobona Nursing Home		10,843	277,950
Garrett County	3	102,164	$3,070,548
Cuppett & Weeks Nursing Home		51,096	$1,582,470
Dennett Road Manor		30,800	973,756
Goodwill Mennonite Home		20,268	514,322
Harford County	3	91,304	$2,747,501
Belair Convalescent Center		20,422	$ 536,568
Brevin Nursing home		14,228	473,257
Citizens Nursing Home		56,654	1,737,676
Howard County	1	18,056	$ 423,432
Lorien Nursing & Convalescent Home		18,056	$ 423,432

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Kent County	1	4,656	$ 148,379
Magnolia Hall		4,656	$ 148,379
Montgomery County	20	474,546	$13,612,823
Bel Pre Health Care Center		13,277	$ 359,088
Bethesda Health Center		55,153	1,663,021
Brooke Grove Nursing Home		8,117	199,080
Chevy Chase Nursing & Convalescent Home		4,946	125,593
Circle Manor Nursing Home		24,988	714,897
Collingswood Nursing Center		16,291	431,431
Colonial Villa Nursing Home		6,560	165,900
Fairland Nursing Home		9,119	267,831
Friends House Nursing Home		3,737	104,916
Hebrew Home of Greater Washington		83,312	2,388,175
Herman M. Wilson Health Care Center		55,378	1,587,560
Kensington Gardens		40,446	1,170,448
National Lutheran Home for Aged		43,877	1,256,889
Potomac Valley Nursing Center		18,353	492,554
Randolph Hills Nursing Home		11,301	305,247
Rockville Nursing Home		10,674	301,758
Sharon Nursing Home		5,928	159,250
Sligo Gardens		17,820	529,516
Sylvan Manor Health Care Center		18,217	612,762
University Nursing Home		27,052	776,907
Prince George's County	13	321,775	$ 8,809,344
American Medical Nursing Center - Greenbelt		28,370	$ 723,464
Carroll Manor		24,559	673,603
Clinton Convalescent Center		77,099	2,337,878
Greater Laurel Nursing Home		6,116	217,336
Hillhaven Nursing Home		1,277	23,525
Madison Manor Nursing & Convalescent Home		9,444	313,514
Magnolia Gardens Nursing Home		22,001	524,999
Manor Care - Adelphi		63,291	1,754,940
Manor Care - Hyattsville		37,627	994,444
Manor Care - Largo		16,372	455,554
Regency Nursing Center		13,058	275,169
Sacred Heart Home		12,099	279,784
Suitland Nursing home		10,462	235,134

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Queen Anne's County	1	34,034	$ 897,013
Corsica Hills Nursing Center		34,034	$ 897,013
St. Mary's County	1	15,122	$ 500,878
St. Mary's Nursing Home		15,122	$ 500,878
Somerset County	1	21,423	$ 707,338
Alice Byrd Tawes Nursing Home		21,423	$ 707,338
Talbot County	2	29,459	$ 768,388
House in the Pines		27,749	$ 693,217
William Hill Manor		1,710	75,171
Washington County	9	242,447	$6,530,410
Avalon Manor		52,222	$1,435,347
Coffman Home for the Aging		18,489	582,359
Colton Villa Nursing Center		41,234	869,381
Fahrney Keedy Memorial Home for the Aged		14,751	343,278
Garlock Memorial Convalescent Center		12,671	384,770
Homewood Retirement Center		14,643	375,420
Ravenwood Lutheran Village Nursing Home		17,328	498,419
Reeder Memorial Home		45,092	1,363,484
Williamsport Nursing Home		26,017	677,952
Wicomico County	3	138,609	$3,607,126
Riverwalk Manor		49,776	$1,462,501
Salisbury Nursing Home		69,790	1,541,072
Wicomico Nursing home		19,043	603,553
Worchester County	3	53,494	$1,746,800
Berlin Nursing Home		30,241	$1,016,974
Harrison House		10,157	299,628
HarTley Hall		13,096	430,198
Out Of State	10	39,140	$1,127,499
DIRECT THIRD PARTY RECOVERIES			($853,668)
ADVANCE PAYMENTS			($674,849)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: FISCAL YEAR 1982

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
Grand Total - All Hospitals	682,390	493,617*	188,773*	$49,025,687	$15,084,162*	$7,978,513*	$23,377,515	$2,585,497
General Hospitals in Baltimore City	505,242	413,714*	91,528*	$31,819,052	$12,680,702*	$4,183,865*	$13,868,506	$1,085,976
Baltimore City Hospital	34,869	27,428	7,441	$1,949,704	$ 770,109	$ 388,604	$ 740,690	$ 50,300
Balto. City Health Dept. C&Y	153	153	0	1,431	1,431	0	0	0
CPPA - C & Y	709	709	0	21,270	21,270	0	0	0
Bon Secours	12,386	11,051	1,335	1,146,133	180,797	115,308	774,925	75,104
Church Hospital	12,545	6,941	5,604	966,242	145,965	366,372	411,995	41,910
Good Samaritan	1,309	1,308	1	124,264	32,012	37	80,924	11,290
Johns Hopkins	123,001	123,001*	0*	9,107,661	5,610,596*	0*	3,256,184	240,880
Comprehensive Child Care	25,060	25,060	0	751,800	751,800	0	0	0
Oncology Center	0	0	0	9,437	0	0	0	9,437
Lutheran	10,062	6,539	3,523	574,971	138,406	207,553	187,773	41,239
Maryland General	7,063	930	6,133	1,476,024	14,612	355,208	1,034,018	72,186
Mercy	35,062	29,103	5,959	1,595,492	545,926	239,162	732,099	78,305
North Charles General	14,741	14,739	2	765,177	533,529	61	183,426	48,161
Provident	10,175	1,342	8,833	1,583,174	35,749	379,183	1,117,057	51,185
Provident-Druid C & Y	7,880	7,880	0	234,795	234,735	0	60	0
St. Agnes	19,066	7,627	11,439	1,299,854	271,671	391,934	600,441	35,807
Sinai	42,206	29,461	12,745	2,231,724	670,445	458,935	1,001,781	100,563
South Baltimore	25,381	14,171	11,210	1,461,646	239,801	352,066	841,935	27,844
Union Memorial	24,315	16,789	7,526	1,830,527	469,768	422,265	876,491	62,003
University of Maryland	86,284	76,507	9,777	4,264,955	1,589,353	507,177	2,028,707	139,718
Community Ped. Center	11,434	11,434	0	343,020	343,020	0	0	0
Wyman Park Health System	1,541	1,541	0	79,751	79,707	0	0	44

* Johns Hopkins Hospital reports outpatient clinic and emergency room visits and payments as combined totals. For this table, all Johns Hopkins Hospital visits and payments are included under "Outpatient Clinic".

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
General Hospitals in Counties	154,603	64,342	90,261	$13,155,142	$2,033,643	$3,332,593	$7,033,446	$ 755,461
Anne Arundel	7,125	0	7,125	$ 429,726	$ (8,422)	$ 218,088	$ 190,082	$ 29,978
Baltimore County General	1,652	37	1,615	135,676	(477)	55,183	68,014	12,956
Calvert Memorial	1,937	459	1,478	248,193	8,579	79,576	143,295	16,743
Carroll County General	1,172	0	1,172	146,017	(246)	50,243	86,533	9,487
Clinton Community	1,860	1,302	558	75,288	9,000	7,683	56,239	2,367
Doctor's Hospital of P.G. Cty.	1,487	3	1,484	113,337	325	60,757	49,953	2,303
Dorchester General (Cambridge)	1,649	51	1,598	258,483	1,111	84,847	128,768	43,757
Edward McCready Memorial	624	428	196	125,514	13,732	8,603	86,619	16,561
Eugene Leland Memorial	1,490	0	1,490	201,475	(272)	62,009	129,376	10,363
Fallston General	1,908	491	1,417	202,861	9,452	58,655	128,562	6,192
Franklin Square	12,463	9,382	3,081	942,495	254,336	147,095	505,965	35,099
Frederick Memorial	2,259	0	2,259	165,815	(549)	61,401	96,290	8,673
Frostburg Community	1,039	255	784	78,333	8,352	32,313	24,766	12,903
Garrett County Memorial	1,803	48	1,755	142,278	1,706	56,647	66,598	17,327
Greater Balto. Med. Center	25,644	23,963	1,681	1,391,265	871,244	56,586	430,644	32,791
Greater Laurel	1,236	0	1,236	134,041	0	33,657	96,227	4,156
Harford Memorial	3,506	1	3,505	413,514	11	155,497	224,276	33,729
Holy Cross	4,577	2,249	2,328	503,624	161,013	96,465	228,639	17,507
Howard County General	757	39	718	135,788	667	29,631	101,119	4,371
Kent & Queen Anne's General	952	9	943	141,772	446	46,332	76,891	18,103
Memorial (Cumberland)	8,231	16	8,215	370,687	516	163,780	168,055	38,336
Memorial Hospital at Easton	2,391	115	2,276	322,038	1,214	100,882	167,903	52,039
Montgomery General	2,562	1,136	1,426	246,561	54,378	52,988	129,546	9,648
North Arundel	3,666	66	3,600	318,150	1,923	115,997	185,340	14,890
Peninsula General	10,638	4,724	5,914	910,445	111,300	254,958	462,355	81,832
Physician Memorial	2,927	1	2,926	366,844	(41)	149,628	194,047	23,211
Prince George's General	18,899	10,391	8,508	1,745,524	331,551	366,510	1,026,645	20,818
Sacred Heart	2,161	31	2,130	255,239	(770)	71,037	154,703	30,270
St. Joseph's	4,042	2,567	1,475	243,550	36,234	46,957	146,978	13,381

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: FISCAL YEAR 1982 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
General Hospitals In Counties (Continued)								
St. Mary's	2,036	5	2,031	$ 219,309	$ 346	$ 87,957	$ 113,715	$ 17,291
Shady Grove Adventist	2,027	0	2,027	282,825	(82)	98,912	172,180	11,815
Southern Maryland	1,742	0	1,742	316,396	0	81,738	218,330	16,327
Suburban	550	25	525	107,663	846	17,321	78,676	10,819
Union Hospital of Cecil	2,772	1	2,771	327,339	277	72,080	236,787	18,195
Washington Adventist	9,643	6,515	3,128	684,711	166,367	118,951	376,369	23,024
Washington County	5,176	32	5,144	452,366	(424)	131,629	282,961	38,199
Special Hospitals & Independent Clinics	6,363	6,338	25	$ 430,481	$ 166,408	$ 1,227	$ 261,969	$ 878
Children's Hospital	373	373	0	$ 16,583	$ 3,881	0	$ 12,513	$ 189
James Kernan	3,745	3,732	13	128,003	48,610	$ 327	78,377	689
J.F. Kennedy Institute	2,245	2,233	12	253,700	113,917	900	138,884	0
John L. Deaton Medical Center	0	0	0	(637)	0	0	(637)	0
Mt. Washington Pediatric Hospital	0	0	0	32,832	0	0	32,832	0
Out of State Hospitals	16,021	9,070	6,951	$2,281,427	$ 319,085	$ 465,864	$1,467,088	$ 29,391
Special Payments: Kidney Disease Program	161	153	8	$1,544,633	$ 3,562	$ 303	$ 790,116	$ 750,652
Direct, Third Party Recoveries	0	0	0	($205,047)	($119,237)	($5,336)	($43,608)	($36,866)

( ) Credit balance

Due to rounding, columns and rows may not sum to total.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 21. PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1982

TYPE OF SERVICE	SERVICES		PAYMENTS	
Total	1,445,049		$17,509,050	
Physician	1,357,005		$15,936,622	
Visits		750,199		$10,961,559
Consultation		11,089		297,315
Ophthalmology		4,994		93,291
Laboratory		232,341		1,133,932
X-Ray, EKG, EEG		43,994		748,683
Dispensed Drugs		71,155		196,762
Other Specified Services		85,672		884,993
Medicare Deductable & Coinsurance		157,561		1,620,087
Clinic	88,044		$ 1,572,428	
Family Planning Clinics		24,656		$ 645,773
Drug Addiction Clinics		45,074		654,546
Mental Health Clinics		18,314		272,109

Site of Physician Visits

	Number	Percent
Total	750,199	100.0
Office	740,367	98.7
Home	1,106	0.1
Nursing Facility	8,726	1.2

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TABLE 22. PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: PAYMENTS TO SPECIAL CLINICS: FISCAL YEAR 1982

NAME AND LOCATION OF CLINIC	Payments	Number of Patients	Average Payment per Patient
Federal Family Planning Project - Baltimore City	$223,275	5,605	$ 39.83
Planned Parenthood of Maryland - Baltimore City	177,143	3,972	44.60
East Baltimore Drug Abuse Center - Baltimore City	126,928	667	190.30
Provident Hospital Project ADAPT - Baltimore City	108,255	258	419.59
Planned Parenthood Surgical - Baltimore City	80,666	537	150.22
North Baltimore Center, Inc. - Baltimore City	77,221	465	166.07
Methadone Maintenance Treatment Program - Baltimore City	73,100	183	399.45
Glenwood Life Counseling Center - Baltimore City	63,975	202	316.71
Baltimore City Health Dept. Family Planning Project - Baltimore City	54,325	1,358	40.00
South East Baltimore Drug Treatment Program - Baltimore City	51,735	174	297.33
E.V.M.C. Women's Clinic - Baltimore City	51,436	935	55.01
Eastern Community Mental Health Center - Baltimore City	45,586	364	125.24
West End Drug Abuse Center - Baltimore City	44,325	93	476.61
Cherry Hill Drug Abuse Program - Baltimore County	43,110	97	444.43
North West Drug Alert - Baltimore City	41,505	119	348.78
Man Alive Research Program - Baltimore City	37,419	116	322.58
Southwestern Community Mental Health Center - Baltimore County	35,810	227	157.75
Western Center for Maternal & Infant Care - Baltimore City	34,336	611	56.20
Sheppard & Pratt Hospital COMDAP - Baltimore County	29,580	74	399.73
Harbel, Inc. Community Mental Health Center - Baltimore City	29,193	170	171.72
Health Department Drug Treatment Center - Prince George's County	26,295	83	316.81
Southeastern Community Mental Health Center - Baltimore County	20,114	177	113.64
Northern Baltimore County Community Health Center - Baltimore County	18,122	211	85.89
Northwestern Community Mental Health Center - Baltimore County	17,535	85	206.29
D.C. Institute of Mental Hygiene - Washington, D.C.	14,954	53	282.15
Garrett County Mental Health Service - Garrett County	13,575	142	95.60
Hillcrest Clinic & Counseling Service - Baltimore County	8,558	204	41.95
Sigma Reproductive Health Center - Montgomery County	6,079	109	55.77
Planned Parenthood - Montgomery County	3,985	110	36.23
Planned Parenthood - Prince George's County	3,650	109	33.49
Harford County Drug Abuse - Harford County	3,218	11	292.55
Anne Arundel Health Department Methadone Program - Anne Arundel County	2,721	13	209.31
Frederick Methadone Program - Frederick County	1,860	7	265.71
Abortion Associates - Prince George's County	1,789	10	178.90
Wicomico Health Department Drug Program - Wicomico County	520	18	28.89

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TABLE 23. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1982

TYPE OF SERVICE	SERVICES				PAYMENTS			
	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
All Services	889,998	521,954	245,949	122,095	$17,458,910	$13,971,875	$2,505,220	$981,815
Attending Physician	411,546	238,475	118,307	54,764	$3,193,881	$2,366,642	$ 407,404	$419,835
Surgery	120,735	83,694	23,498	13,543	8,279,520	6,970,555	1,049,505	259,460
Anesthesiology	19,867	17,547	2,217	103	1,211,778	1,124,221	85,206	2,351
Consultation	21,260	19,330	1,227	703	508,128	468,466	27,013	12,649
Supervision	3,269	3,269	0	0	32,238	32,238	0	0
Radiology	183,456	75,381	61,844	46,231	1,602,238	709,322	616,962	275,954
Pathology	65,824	43,683	15,469	6,672	193,795	134,614	48,241	10,940
Other Specified Services	2,455	1,781	595	79	42,032	33,476	7,930	626
Medicare Deductible & Coinsurance	61,586	38,794	22,792	0	2,395,300	2,132,341	262,959	0

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TABLE 24. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PHYSICIAN ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1982[1]

LOCATION OF PROVIDER	PAYMENTS		PHYSICIAN ACCOUNTS		NUMBER OF PHYSICIAN ACCOUNTS IN PAYMENT GROUP						
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$34,967,960	100.0	5,288	100.0	739	1,352	1,632	709	473	160	223
Baltimore City	13,559,086	38.8	1,275	24.1	156	337	369	160	107	44	102
Total Counties	20,386,588	58.3	3,118	59.0	246	642	1,117	531	356	110	116
Allegany	692,529	2.0	109	2.1	7	14	48	19	14	5	2
Anne Arundel	1,622,965	4.6	274	5.2	13	44	118	56	27	9	7
Baltimore	4,290,826	12.3	669	12.7	73	178	218	74	78	21	27
Calvert	488,785	1.4	35	0.7	1	2	10	4	9	6	3
Caroline	87,250	0.3	6	0.1	0	0	0	2	2	2	0
Carroll	349,643	1.0	74	1.4	1	16	37	14	3	1	2
Cecil	315,670	0.9	32	0.6	2	2	7	9	9	2	1
Charles	390,249	1.1	34	0.6	0	3	7	9	9	5	1
Dorchester	340,073	1.0	31	0.6	0	7	2	8	9	4	1
Frederick	478,352	1.4	82	1.5	2	8	34	23	14	1	0
Garrett	180,240	0.5	15	0.3	4	0	1	4	4	0	2
Harford	882,708	2.5	114	2.2	6	15	37	28	15	7	6
Howard	750,303	2.1	104	2.0	5	24	37	19	9	3	7
Kent	223,440	0.6	28	0.5	2	3	7	7	8	0	1
Montgomery	2,708,992	7.7	726	13.7	77	215	283	82	46	12	11
Prince George's	3,846,238	11.0	475	9.0	34	82	174	84	51	25	25
Queen Anne's	62,726	0.2	6	0.1	0	0	0	4	2	0	0
St. Mary's	304,661	0.9	26	0.5	1	1	6	10	5	1	2
Somerset	159,232	0.5	12	0.2	2	1	0	3	3	1	2
Talbot	497,344	1.4	50	0.9	3	5	12	18	6	1	5
Washington	732,360	2.1	98	1.9	5	12	38	23	13	1	6
Wicomico	871,797	2.5	103	1.9	6	7	38	27	18	3	4
Worcester	110,205	0.3	15	0.3	2	3	3	4	2	0	1
Out of State	$ 1,022,286	2.9	895	16.9	337	373	146	18	10	6	5

1 Includes payments for both Physician Office, Home and Nursing Facility and Physician In-Hospital programs. Physician accounts include individual and group practices and special clinics.

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TABLE 25. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1982

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	2,741,959	$26,408,324	$ 9.63
Legend Drugs	2,667,130	$25,505,794	$ 9.56
Over-the-Counter	74,829	$ 902,530	$12.06
Drugs	47,307	587,174	12.41
Medical Supplies	27,522	315,356	11.46

[1] Does not include 50¢ copayment made by recipient for each prescription filled except for EPSDT related and family planning prescriptions.

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TABLE 26. PHARMACY PROGRAM: PAYMENTS AND NUMBER OF PARTICIPATING PHARMACIES (PROPRIETARY AND INSTITUTIONAL) BY LOCATION OF PHARMACY AND PAYMENT GROUP: FISCAL YEAR 1982

LOCATION OF PHARMACY	PAYMENTS		PHARMACIES		NUMBER OF PHARMACIES IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000 $4,999	$5,000 $9,999	$10,000 $19,999	$20,000 $49,999	$50,000 And Over
Grand Total	$26,408,324	100.0	923	100.0	120	134	153	177	206	133
Baltimore City	$11,060,491	41.9	176	19.1	10	12	17	24	41	72
Total Counties	14,363,242	54.4	601	65.1	34	93	124	138	152	60
Allegany	$ 569,330	2.2	18	2.0	1	2	2	5	5	3
Anne Arundel	1,072,045	4.1	51	5.5	4	9	8	10	16	4
Baltimore	3,672,663	13.9	146	15.8	8	39	27	35	26	11
Calvert	259,987	1.0	4	0.4	0	0	0	2	1	1
Caroline	234,542	0.9	7	0.8	0	0	1	1	4	1
Carroll	316,324	1.2	17	1.8	2	0	3	5	6	1
Cecil	255,216	1.0	6	0.6	0	0	0	0	5	1
Charles	292,751	1.1	8	0.9	0	0	1	1	3	3
Dorchester	297,456	1.1	7	0.8	0	0	0	1	4	2
Frederick	347,393	1.3	19	2.1	1	2	6	3	6	1
Garrett	276,229	1.0	6	0.6	0	0	0	1	3	2
Harford	532,662	2.0	31	3.4	3	3	6	9	9	1
Howard	143,954	0.5	16	1.7	1	2	7	5	1	0
Kent	147,138	0.6	3	0.3	0	0	0	0	2	1
Montgomery	1,462,466	5.5	86	9.3	5	17	25	20	14	5
Prince George's	2,354,428	9.0	117	12.8	6	15	29	31	27	9
Queen Anne's	99,124	0.4	3	0.3	0	0	0	1	1	1
St. Mary's	197,122	0.7	4	0.4	0	0	0	0	3	1
Somerset	193,765	0.7	6	0.6	0	0	0	1	4	1
Talbot	141,840	0.5	6	0.6	0	0	2	1	2	1
Washington	795,907	3.0	21	2.3	2	1	5	4	3	6
Wicomico	524,106	2.0	10	1.1	0	0	0	2	5	3
Worcester	176,794	0.7	9	1.0	1	3	2	0	2	1
Out-of-State	$ 984,591	3.7	146	15.8	76	29	12	15	13	1

1 Does not include 50¢ copayment made by recipient for each prescription filled except EPSDT related and family planning prescriptions.

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TABLE 27. PHARMACY PROGRAM: PAYMENTS TO INSTITUTIONAL PHARMACIES AND NUMBER OF INVOICES: FISCAL YEAR 1982

NAME AND LOCATION OF PHARMACY	Payments	Number of Invoices	Average Payment Per Invoice
University Hospital Pharmacy - Baltimore City	$276,403	27,966	$9.88
Bon Secours Hospital, Inc. - Baltimore City	229,965	24,407	9.42
Johns Hopkins Hospital Pharmacy - Baltimore City	154,793	13,209	11.72
Baltimore City Hospital Pharmacy - Baltimore City	144,296	15,149	9.53
Mercy Hospital Pharmacy - Baltimore City	123,223	12,046	10.23
Stella Maris Hospice - Baltimore County	94,002	12,919	7.28
GBMC - BSC Pharmacy - Baltimore City	82,984	12,844	6.46
Union Memorial Hospital Pharmacy - Baltimore City	70,835	8,089	8.76
Sinai Hospital of Baltimore, Inc. - Baltimore City	64,530	7,889	8.18
Maryland General Hospital Pharmacy - Baltimore County	53,654	5,901	9.09
Franklin Square Hospital Pharmacy - Baltimore County	42,209	4,417	9.56
Constant Care Community Health Center - Baltimore City	41,807	4,180	10.00
West Baltimore Community Health Center Pharmacy - Balto. City	33,791	4,144	8.15
Montgomery General Hospital Pharmacy - Montgomery County	33,362	2,684	12.43
Keswick Home Pharmacy - Baltimore City	32,574	4,061	8.02
Church Hospital Pharmacy - Baltimore City	31,205	3,662	8.52
Good Samaritan Hospital Pharmacy - Baltimore City	30,486	2,663	11.45
McCready Hospital Pharmacy - Somerset County	26,829	2,113	12.70
St. Agnes Hospital of Baltimore Pharmacy - Baltimore City	18,450	301	61.30
Provident Hospital Pharmacy - Baltimore City	15,446	1,627	9.49
Peninsula General Hospital Pharmacy - Wicomico County	11,445	1,425	8.03
South Balto. General Hospital Pharmacy - Baltimore City	11,280	1,409	8.01
St. Joseph Hospital Pharmacy - Baltimore City	8,009	1,133	7.07
Prince George's General Hospital Pharmacy - Pr. Geo. Co.	2,905	222	13.09
Doctor's Hospital Pharmacy - Prince George's County	1,508	125	12.07
University of Maryland Dental Pharmacy - Baltimore City	1,094	317	3.45
Children's Hospital Pharmacy - Washington, D. C.	317	16	19.80
James L. Kernan Hospital Pharmacy - Baltimore City	167	21	7.94
Lutheran Hospital Pharmacy - Baltimore City	53	6	8.80
Howard County General Hospital - Howard County	10	7	1.43
Washington Adventist Hospital Pharmacy - Montgomery County	6	4	1.50

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TABLE 28. DENTAL PROGRAM: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1982

LOCATION OF PROVIDER	Total	Percent of Total	TYPE OF SERVICE						
			Diagnostic	Preventive	Restorative	Endo/ Periodontic	Prosthodontic	Oral Surgery	Other Services
Grand Total	$5,909,092	100.0	$856,128	$845,136	$1,682,040	$405,026	$140,622	$767,830	$1,212,310
Baltimore City	$2,694,360	45.6	406,890	374,735	722,200	188,393	73,842	375,401	552,899
Total Counties	3,214,732	54.4	449,238	470,401	959,840	216,633	66,780	392,429	659,411
Allegany	$ 156,333	2.6	$ 20,170	$ 22,793	$ 46,882	$ 8,851	$ 4,750	$ 17,340	$ 35,547
Anne Arundel	392,628	6.6	51,183	61,084	118,144	30,784	6,365	41,990	83,078
Baltimore	408,077	6.9	62,533	66,490	115,446	26,951	8,039	47,756	80,862
Calvert	49,432	0.8	8,883	6,273	13,309	2,120	297	9,065	9,485
Caroline	38,726	0.7	5,717	5,274	12,201	615	330	5,970	8,619
Carroll	70,835	1.2	8,974	10,372	24,469	4,636	830	6,241	15,313
Cecil	85,875	1.4	10,910	12,255	24,167	6,540	4,451	10,134	17,418
Charles	121,020	2.1	16,291	16,193	43,712	5,415	2,229	10,285	26,895
Dorchester	72,992	1.2	12,630	9,085	18,660	3,556	1,221	12,032	15,808
Frederick	69,976	1.2	6,437	8,946	21,609	3,984	2,565	13,165	13,270
Garrett	46,411	0.8	4,872	7,721	14,971	3,220	1,087	5,541	8,999
Harford	186,254	3.2	28,626	30,035	63,793	9,419	3,993	13,706	36,682
Howard	46,675	0.8	5,462	7,341	13,183	5,005	1,186	6,105	8,393
Kent	18,318	0.3	1,561	3,518	6,237	360	612	2,603	3,427
Montgomery	423,009	7.2	50,474	46,074	133,407	36,488	8,862	41,142	106,562
Prince George's	527,485	8.9	76,676	79,392	151,304	39,786	6,455	68,242	105,630
Queen Anne's	25,374	0.4	2,990	4,297	7,423	1,210	802	3,416	5,236
St. Mary's	93,824	1.6	12,930	10,212	28,937	7,880	2,212	12,728	18,925
Somerset	42,065	0.7	7,116	7,196	11,694	2,044	212	6,877	6,926
Talbot	23,359	0.4	3,997	5,075	6,017	1,085	157	3,863	3,165
Washington	120,975	2.0	14,422	16,726	32,013	7,020	5,682	27,087	18,025
Wicomico	150,645	2.6	28,478	26,345	39,095	7,330	3,689	21,214	24,494
Worcester	44,444	0.8	7,906	7,704	13,167	2,334	754	5,927	6,652

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TABLE 29. DENTAL PROGRAM: PAYMENTS AND NUMBER OF PARTICIPATING DENTISTS AND DENTAL CLINICS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1982

LOCATION OF PROVIDER	PAYMENTS		DENTISTS		NUMBER OF DENTISTS IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000 & Over
Grand Total	$5,909,092	100.0	1,421	100.0	231	464	468	108	78	72
Baltimore City	$2,433,061	41.2	254	17.9	25	59	72	31	26	41
Total Counties	3,445,123	58.3	1,087	76.5	169	374	384	77	52	31
Allegany	$ 144,066	2.4	31	2.2	1	9	13	5	2	1
Anne Arundel	380,766	6.4	126	8.9	13	38	57	10	5	3
Baltimore	635,331	10.8	223	15.7	42	83	72	13	6	7
Calvert	43,329	0.7	10	0.7	0	2	6	1	1	0
Caroline	24,745	0.4	4	0.3	0	1	2	0	1	0
Carroll	60,689	1.0	36	2.5	3	15	14	3	1	0
Cecil	70,867	1.2	14	1.0	0	4	6	2	2	0
Charles	57,723	1.0	19	1.3	1	5	9	2	2	0
Dorchester	71,954	1.2	12	0.8	1	4	3	1	2	1
Frederick	64,298	1.1	36	2.5	6	18	9	1	2	0
Garrett	40,989	0.7	13	0.9	0	4	6	2	1	0
Harford	207,105	3.5	54	3.8	6	17	21	5	3	2
Howard	58,224	1.0	28	2.0	5	10	11	0	1	1
Kent	26,464	0.5	4	0.3	0	2	3	0	0	0
Montgomery	512,389	8.7	204	14.4	60	79	44	9	7	5
Prince George's	528,378	8.9	170	12.0	27	55	63	13	6	6
Queen Anne's	10,500	0.2	5	0.3	0	2	3	0	0	0
St. Mary's	97,555	1.6	17	1.2	0	6	8	1	1	1
Somerset	16,880	0.3	5	0.3	0	2	2	0	1	0
Talbot	47,482	0.8	8	0.6	0	2	3	1	1	1
Washington	123,517	2.1	33	2.3	1	6	21	2	2	1
Wicomico	193,378	3.3	24	1.7	3	6	6	5	2	2
Worcester	28,494	0.5	11	0.8	0	6	3	1	1	0
Out of State	$ 30,908	0.5	80	5.6	37	31	12	0	0	0

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TABLE 30. DENTAL PROGRAM: PAYMENTS TO DENTAL CLINICS: FISCAL YEAR 1982

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Provident Hospital, Inc - Baltimore City	$871.87	987	$ 88.34
Greater Baltimore Medical Center - Baltimore City	664.88	1,378	48.25
University of Md. Dental Clinic - Baltimore City	494.78	1,450	34.12
Comprehensive Child Care -JHH - Baltimore City	447.56	1,392	32.15
Chesapeake Physicians, P.A. Dental - Baltimore City	398.94	982	40.63
Provident - Druid C&Y Dental - Baltimore City	380.60	1,216	31.30
Comm Ped. Center, University of Maryland - Baltimore City	332.94	1,012	32.90
Cherry Hill Dental Clinic - Baltimore City	315.34	781	40.38
Comm. Preventive Dentistry - Baltimore City	240.78	1,054	22.84
J.F.K. Institute Dental Dept. - Baltimore City	239.46	375	63.86
JHH Dental Clinic - Baltimore City	208.48	226	92.25
Sinai Hospital Dental Clinic - Baltimore City	139.63	367	38.05
Children's Hospital Inc. Dental - Baltimore City	132.06	113	116.86
Scope Inc. Dental Clinic - Somerset County	122.80	203	60.50
North Central Baltimore Health Corp. - Baltimore City	116.40	349	33.35
Constant Care Community Health Center - Baltimore City	109.04	403	27.06
Southern Dental Clinic - Baltimore City	107.78	356	30.27
Mercy Hospital Dental Clinic - Baltimore City	103.22	308	33.51
Eastern Dental Clinic - Baltimore City	96.23	316	30.45
W. Baltimore Community Health Care Corp. - Baltimore City	95.69	291	32.88
James. L. Kernan Hospital Dental Clinic - Baltimore City	66.85	159	42.04
Cecil County Dental Clinic - Cecil County	47.44	129	36.78
Dental Hygiene Prog. -C.C.B. - Baltimore City	46.10	329	14.01
Smilerite Oral Health Care Ctr. - Baltimore City	44.66	64	69.78
Annapolis Rd. Dental Hlth. Ctr. - Prince George's County	37.04	59	62.77
St. Francis Dental Center - Baltimore City	33.88	102	33.22
Allegany Comm. College Dental Clinic - Allegany County	33.42	185	18.06
Baltimore Municipal Health Service Program - Baltimore City	31.56	141	22.38
South County Family Hlth. Ctr Dental Clinic - Anne Arundel County	27.86	67	41.58
Rock Creek Dental Unit - Frederick County	25.90	51	50.78

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TABLE 30. DENTAL PROGRAM: PAYMENTS TO DENTAL CLINICS: FISCAL YEAR 1982 (Continued)

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Waxter Center Dental Clinic - Baltimore City	$25.30	121	$20.91
St. Agnes Hospital Dental Clinic - Baltimore City	21.12	77	27.42
Children's Hosp. Nat'l Med. Ctr. D.C. Dental Clinic - Wash. D.C.	14.58	77	18.94
East Baltimore Medical Program Dental Clinic - Baltimore City	14.00	26	53.87
Children's Oral Health - Wicomico County	10.14	74	13.70
Upper Eastern Shore Mobile Dental Clinic - Queen Anne's Cty	8.01	42	19.07
Maryland School for the Blind - Baltimore City	6.62	33	20.06
Stella Maris Dental Services - Baltimore County	5.09	21	24.24
Provident Druid Dental Group - Baltimore City	4.77	26	18.35
Health Maternity Program Dental Clinic - Baltimore City	3.97	24	16.54
V. Hoffman Memorial Clinic - Somerset County	3.62	8	45.19
Western Dental Clinic - Baltimore City	1.96	14	14.04

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TABLE 31. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1982

AREA OF RESIDENCE[1]	Total	TYPE OF SERVICE									
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Medical Day Care	Personal Care	Other Services	Medicare Deductible
Maryland State	$2,772,458	$1,040,866	$568,402	$147,217	$41,014	$29,540	$38,948	$332,496	$531,698	$40,907	$1,370
Baltimore City	1,408,814	535,361	217,600	75,495	18,848	12,121	26,869	208,726	282,531	30,907	356
Total Counties	1,363,644	505,505	350,802	71,722	22,166	17,419	12,079	123,770	249,167	10,000	1,014
Allegany	133,197	57,841	32,399	2,750	4,123	1,421	1,230	29,206	3,933	294	0
Anne Arundel	118,984	18,470	13,525	5,209	96	2,712	316	20,768	56,492	1,396	0
Baltimore	219,570	61,264	55,006	9,110	1,558	753	1,569	21,463	66,760	2,087	0
Calvert	874	777	27	70	0	0	0	0	0	0	0
Caroline	20,527	10,029	2,253	760	0	76	23	0	7,096	290	0
Carroll	17,906	8,632	4,512	1,481	270	65	0	0	2,700	246	0
Cecil	21,274	12,370	3,369	1,207	171	0	0	0	3,879	218	60
Charles	3,027	2,890	0	0	0	0	0	0	0	137	0
Dorchester	7,037	2,286	2,277	1,387	0	0	0	0	270	257	60
Frederick	50,346	23,000	18,640	4,629	720	3,305	0	0	0	6	46
Garrett	17,320	12,820	2,968	1,620	60	0	0	0	0	(232)	84
Harford	174,655	73,779	82,378	3,866	0	102	0	0	13,412	1,118	0
Howard	45,911	18,572	15,401	3,971	0	630	854	0	4,517	1,942	24
Kent	3,186	1,750	60	100	0	0	0	0	1,179	54	43
Montgomery	167,075	71,679	13,348	11,692	4,333	1,095	5,892	45,164	12,238	1,575	59
Prince George's	214,058	80,112	71,496	18,995	9,955	6,902	2,153	7,169	17,698	(719)	297
St. Mary's	6,730	5,080	90	1,600	0	0	0	0	0	(160)	120
Somerset	15,275	646	111	0	0	0	0	0	14,468	50	0
Talbot	1,845	811	0	488	0	0	0	0	82	261	203
Washington	36,769	8,845	23,928	2,115	880	240	42	0	236	465	18
Wicomico	52,011	16,650	1,106	114	0	0	0	0	33,454	687	0
Worcester	36,067	17,202	7,908	58	0	118	0	0	10,753	28	0

[1] There were no payments for home and community health services for Queen Anne's County residents.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 32. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: SERVICES AND PAYMENTS TO LOCAL HEALTH DEPARTMENTS: FISCAL YEAR 1982

LOCATION OF HEALTH DEPARTMENT	VISITS		SCREENINGS		PAYMENTS	
	Number of Visits	Percent of Total	Number of Screenings	Percent of Total	Total	Percent of Total
Maryland State	1,102	100.0	19,416	100.0	$356,235	100.0
Baltimore City	300	27.2	3,341	17.2	51,500	14.4
Total Counties	802	72.8	16,075	82.8	304,735	85.6
Allegany	26	2.4	664	3.4	14,763	4.1
Anne Arundel	54	4.9	3,165	16.3	63,204	17.7
Baltimore	34	3.1	177	0.9	3,289	0.9
Calvert	5	0.4	348	1.8	8,495	2.4
Caroline	18	1.6	576	3.0	8,802	2.5
Carroll	2	0.2	297	1.5	5,696	1.6
Cecil	3	0.3	804	4.1	11,250	3.2
Charles	63	5.7	575	3.0	10,626	3.0
Dorchester	3	0.3	19	0.1	217	0.1
Frederick	24	2.2	751	3.9	15,276	4.3
Garrett	86	7.8	457	2.4	13,112	3.7
Harford	51	4.6	805	4.1	15,740	4.4
Howard	19	1.7	64	0.3	1,126	0.3
Kent	9	0.8	195	1.0	3,138	0.9
Montgomery	99	9.0	1,692	8.7	28,094	7.9
Prince George's	66	6.0	851	4.4	12,057	3.4
Queen Anne's	14	1.3	189	1.0	3,853	1.1
St. Mary's	69	6.3	212	1.1	4,552	1.3
Somerset	58	5.3	301	1.6	5,877	1.6
Talbot	5	0.4	4	*	109	*
Washington	54	4.9	1,719	8.9	29,020	8.2
Wicomico	16	1.4	1,623	8.3	33,211	9.3
Worcester	24	2.2	587	3.0	13,228	3.7

* Less than 0.05 percent.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 33. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1982

AREA OF RESIDENCE	TOTAL	OPTOMETRIST-OPTICIAN SERVICES			AMBULANCE SERVICE	VAN SERVICE	PODIATRY	MEDICAL LABORATORY SERVICES	MEDICAL SUPPLIES	HEARING AIDS	PHYSICAL THERAPY	MEDICARE DEDUCTIBLE & COINSURANCE	NO MEDICARE PART B COVERAGE
		Diagnostic	Dispensing	Fabrication									
Maryland State	$7,019,646	$950,402	$543,475	$1,188,965	$264,381	$260,730	$329,190	$1,445,967	$1,008,738	$37,453	$17,204 *	$972,029	$1,112
Baltimore City	3,917,515	565,854	328,290	693,215	178,931	201,522	213,846	741,716	508,063	20,488	4,573	460,333	684
Total Counties	3,102,131	384,548	215,185	495,750	85,450	59,208	115,344	704,251	500,675	16,965	12,631	511,696	428
Allegany	82,220	18,101	10,640	22,651	1,759	151	2,273	3,804	12,723	702	0	9,416	0
Anne Arundel	424,684	52,585	24,364	58,823	15,585	6,517	12,795	98,346	71,241	1,264	6,414	76,618	132
Baltimore	529,649	53,424	30,951	68,858	22,869	22,974	18,685	96,472	83,882	2,610	2,233	126,673	18
Calvert	57,469	8,847	4,386	8,458	390	48	5,431	18,616	4,996	0	0	6,307	40
Caroline	27,402	4,388	3,024	7,366	934	48	803	3,374	2,953	739	0	3,795	(22)
Carroll	65,437	6,509	3,640	11,240	2,113	360	766	9,123	11,718	0	395	19,369	4
Cecil	69,098	12,683	7,920	13,961	4,334	3,014	573	8,518	14,291	120	221	3,423	40
Charles	69,527	12,595	6,629	14,684	1,380	262	1,179	15,259	10,099	401	0	7,039	0
Dorchester	36,537	9,390	6,628	16,430	1,949	120	4,767	4,174	6,299	49	4	6,727	0
Frederick	86,918	9,070	5,569	11,218	1,315	410	5,768	17,233	19,738	1,199	34	15,364	0
Garrett	28,391	5,420	3,295	6,715	622	0	165	1,650	7,388	20	0	3,116	0
Harford	143,334	21,779	11,288	21,070	5,697	1,938	3,513	17,926	45,840	421	948	13,419	(5)
Howard	77,107	4,145	2,666	7,449	2,788	1,000	1,409	26,593	15,349	59	21	15,592	36
Kent	20,705	5,371	2,263	4,596	1,196	22	0	1,664	1,925	360	306	3,002	0
Montgomery	367,848	20,294	11,092	48,100	5,473	6,168	17,384	125,354	66,157	1,324	1,801	68,480	221
Prince George's	590,327	74,063	37,834	86,104	7,023	15,970	15,973	206,072	69,904	5,846	21	71,698	(181)
Queen Anne's	27,872	4,906	2,627	5,713	1,059	0	208	5,004	4,257	0	221	3,877	0
St. Mary's	38,096	8,103	4,391	8,424	1,331	72	713	8,687	2,570	0	0	3,788	17
Somerset	45,779	7,171	5,118	10,661	1,083	125	2,330	4,194	4,622	30	4	10,439	0
Talbot	25,149	3,037	2,052	5,126	531	48	803	3,204	4,468	478	0	5,402	0
Washington	115,580	19,167	11,964	22,915	2,072	171	2,828	14,689	16,224	195	8	25,219	128
Wicomico	112,522	17,356	12,592	26,712	3,356	0	13,276	8,568	18,183	1,123	0	11,396	0
Worcester	40,480	6,144	4,252	8,476	589	90	3,702	5,727	5,958	25	0	5,537	0

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982

	FISCAL YEAR				
	1982	1981	1980	1979	1978
Number of Recipients	387,584	378,390	358,182	342,894	357,603
Payments: All Services[1]	$446,715,075	415,157,319	$367,654,693	$301,909,099	$263,117,677
Hospital Inpatient	$180,714,973	179,061,095	$169,532,879	$137,008,199	$117,473,293
Nursing Facility Care	139,896,935	125,075,043	103,213,195	87,233,510	74,165,134
Hospital Outpatient Care	49,025,687	43,606,800	37,819,979	31,166,396	26,642,525
Physician Services	34,967,960	31,160,674	25,800,272	20,371,904	20,604,066
Pharmacy Services	26,408,324	21,791,973	18,119,414	15,872,172	15,240,882
Dental Services	5,909,092	6,811,754	6,622,081	5,092,534	4,593,107
Home and Community Health Services	2,772,458	1,377,932	951,538	788,928	618,586
Special Services	7,019,646	6,272,048	5,595,335	4,375,456	3,780,084
Average Number of Enrollees[2]	354,309	363,943	347,820	337,571	346,544
Federally Matched Indigent	270,277	279,431	269,584	263,801	270,733
Federally Matched Medically Indigent	45,824	46,640	45,069	43,163	45,281
Non-Federally Matched[2]	38,208	37,872	33,167	30,607	30,530
Average Payment Per Enrollee: All Services[1,2]	1,261	$ 1,141	$ 1,057	$ 894	$ 759
Federally Matched Indigent	755	676	645	545	469
Federally Matched Medically Indigent	3,574	3,300	2,855	2,420	1,981
Non-Federally Matched[2]	2,061	1,913	1,961	1,754	1,524
Hospital Inpatient Care	$ 510	$ 492	$ 487	$ 406	$ 339
Nursing Facility Care	395	344	297	259	214
Hospital Outpatient Care	138	120	109	92	77
Physician Services	99	85	74	60	59
Pharmacy Services	74	60	52	47	44
Dental Services	17	19	19	15	13
Home and Community Health Services	8	4	3	2	2
Special Services	20	17	16	13	11

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

2 Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

HOSPITAL INPATIENT SERVICES	FISCAL YEAR				
	1982	1981	1980	1979	1978
Number of recipients	67,857	67,150	68,622	61,371	63,002
Payments: Total	$180,714,973	$179,061,095	$169,532,879	$137,008,199	$117,473,293
General Hospitals					
Number of recipients	54,265	52,632	53,523	49,043	47,771
Number of discharges	71,870	70,049	71,727	64,986	62,648
Number of days of care	481,605	564,751	585,848	521,186	504,099
Number of Medicare recipients	12,610	13,579	14,198	11,344	12,638
Payments: Total	$167,941,179	$169,470,093	$161,470,329	$130,592,565	$112,483,391
Inpatient care	163,528,350	164,783,699	158,115,084	127,965,838	110,354,981
Average per diem payment	339.45	291.78	269.89	245.53	218.92
Medicare deductible and coinsurance	4,412,829	4,686,394	3,355,245	2,626,727	2,128,410
Average number of days per discharge	6.7	8.1	8.2	8.0	8.0
Average number of days per enrollee[1]	1.36	1.55	1.68	1.54	1.45
Special Hospitals					
Number of recipients	1,449	1,364	1,376	1,384	3,128
Number of days of care	81,838	75,339	67,895	57,895	50,710
Payments: Total	$12,773,794	$9,591,002	$8,062,550	$6,415,634	$4,989,902
Inpatient care	12,480,930	9,330,627	7,686,786	6,005,471	4,357,060
Average per diem interim payment	152.51	123.85	113.22	103.73	85.92
Medicare deductible and coinsurance	292,864	260,375	375,764	410,163	632,842
Average number of days per enrollee[1]	0.23	0.21	0.20	0.17	0.15

[1] Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

NURSING FACILITY PROGRAM	FISCAL YEAR				
	1982	1981	1980	1979	1978
Number of recipients of service	17,390	16,500	15,481	14,565	13,918
Number of days of care					
Nursing care	4,702,525	4,513,663	4,233,509	3,808,255	3,643,999
Medicare coinsurance	9,618	13,601	16,292	14,719	15,467
Payments:					
Nursing care	$139,763,828	$124,902,229	$103,016,377	$87,072,654	$74,020,313
Medicare coinsurance	133,107	172,814	196,818	160,856	144,821
Average per diem payment					
Nursing care	$29.72	$27.67	$24.33	$22.86	$20.31
Medicare coinsurance	13.84	12.71	12.08	10.93	9.36
Average number of days per enrollee[1]					
Nursing care	13.27	12.40	12.17	11.28	10.52
Medicare coinsurance	0.03	0.04	0.05	0.04	0.04

[1] Does not include cancelled enrollees previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

HOSPITAL OUTPATIENT PROGRAM	FISCAL YEAR 1982	1981	1980	1979	1978
Number of recipients	220,558	218,125	207,039	195,428	198,274
Number of emergency room (ER) and outpatient department (OPD) visits	682,390	698,261	699,156	637,548	605,977
Payments: Total	$49,025,687	$43,606,800	$37,819,979	$31,166,396	$26,642,525
Emergency room and outpatient department visits	$23,062,675	$20,857,382	$19,054,253	$16,138,876	$13,585,550
Ancillary services	23,377,515	20,609,878	16,952,423	13,449,595	11,513,165
Average payment per visit	68.06	59.39	51.50	46.41	41.42
Medicare deductible and coinsurance	2,585,497	2,139,540	1,813,303	1,577,925	1,543,810
Average number of ER and OPD visits per enrollee[1]	1.92	1.92	2.01	1.89	1.75
Average number of ER and OPD visits per recipient	3.09	3.20	3.38	3.26	3.06

[1] Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

PHYSICIAN SERVICES	FISCAL YEAR 1982	1981	1980	1979	1978
Number of recipients	296,684	283,075	269,369	251,455	270,956
Payments: Total	$34,967,960	$31,160,674	$25,800,272	$20,371,904	$20,604,066
Office, Home & Nursing Facility Services					
Number of recipients	232,085	216,929	209,336	196,613	214,631
Payments: Total	$17,509,050	$14,851,264	$12,001,431	$9,798,037	$10,484,864
Physician					
Number of Visits	750,199	676,346	703,753	638,977	704,408
Payments					
Visits	$10,961,559	$8,698,545	$6,108,114	$4,972,675	$4,919,067
Specified services	3,354,976	2,897,411	2,809,565	2,466,843	2,702,277
Medicare deductible and coinsurance	1,620,087	1,605,118	1,437,584	730,059	1,093,817
Number of visits per enrollee[1]	2.12	1.86	2.02	1.89	2.03
Number of visits per recipient	3.23	3.12	3.36	3.25	3.28
Clinics					
Payments	$1,572,428	$1,650,190	$1,646,168	$1,628,460	$1,769,703
In Hospital Service					
Number of recipients	158,457	155,815	143,924	129,672	139,698
Payment: Total	$17,458,910	$16,309,410	$13,797,687	$10,567,551	$10,115,883
Service to: Inpatients	$11,839,534	$11,409,926	$9,655,084	$7,449,654	$6,627,291
Outpatients	2,242,261	1,838,140	1,573,020	1,235,072	1,241,284
Emergency room patients	981,815	869,387	658,309	810,588	738,641
Medicare deductible and coinsurance	$2,395,300	$2,191,957	$1,911,274	$1,072,237	$1,508,667

1 Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

PHARMACY SERVICES	FISCAL YEAR 1982	1981	1980	1979	1978
Number of recipients	273,351	263,872	249,657	238,565	251,028
Number of invoices: Total	2,741,959	2,578,293	2,441,939	2,334,147	2,445,366
Legend Drugs	2,667,130	2,506,221	2,283,856	2,289,852	2,399,871
Over-the-Counter Products	74,829	72,072	58,083	44,295	45,495
Payments: Total	$26,408,324	$21,791,973	$18,119,414	$15,872,172	$15,240,882
Legend Drugs	25,505,794	21,043,154	17,639,166	15,533,064	14,914,910
Over-the-Counter Products	902,530	748,819	480,248	339,108	325,972
Average payment per invoice:	$ 9.63	$ 8.45	$ 7.42	$ 6.80	$ 6.23
Legend Drugs	9.56	8.40	7.40	6.78	6.21
Over-the-Counter Products	12.06	10.39	8.27	7.66	7.16
Average number of invoices per enrollee[1]	7.7	7.1	7.0	6.9	7.0
Average number of invoices per recipient	10.0	9.8	9.8	9.8	9.7

[1] Does not include enrollees with cancelled status previously included in enrollment counts. See Appendix B, Technical Note, for details.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

DENTAL SERVICES		FISCAL YEAR 1982	1981	1980	1979	1978
Number of recipients		89,261	90,823	84,733	76,934	76,383
Payments:	Total	$5,909,092	$6,811,754	$6,622,081	$5,092,534	$4,593,107
	Diagnostic	856,128	925,217	905,511	862,236	832,687
	Preventive	845,136	857,479	807,458	704,647	624,924
	Restorative	1,682,040	1,850,620	1,786,919	1,512,044	1,322,542
	Endo/Periodontic	405,026	483,525	438,165	380,489	339,602
	Prosthodontic	140,622	869,360	1,177,721	169,381	171,805
	Oral surgery	767,830	800,925	851,262	777,139	727,745
	Other surgery	1,212,310	1,024,628	655,045	686,598	573,802
Number of Selected Services						
Prophylaxes		56,858	58,206	54,316	50,585	51,494
Fluoride treatments		50,416	51,567	45,840	45,346	45,668
Fillings		116,883	129,715	144,868	135,141	140,269
Extractions		59,954	66,142	69,823	61,389	57,311
Full upper or lower dentures		56	1,994	3,208	67	95
Partial dentures		450	2,793	3.416	597	706

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1978-1982 (Continued)

HOME AND COMMUNITY HEALTH SERVICES	FISCAL YEAR 1982	1981	1980	1979	1978
Number of recipients	3,422	2,594	1,950	2,278	2,076
Payments: Total	$2,772,458	$1,377,932	$951,538	$788,928	$618,586
Nursing Service	1,040,866	669,138	547,120	520,852	409,682
Home Health Aid	568,402	367,248	278,387	170,232	115,418
Physical, Occupational & Speech Therapy	217,771	106,152	90,161	73,176	63,506
Medical Day Care	332,496	136,617	0	0	0
Personal Care	531,698	37,962	0	0	0
Other Specified Services	79,855	46,065	33,245	16,998	21,480
Medicare deductible	1,370	14,750	2,625	7,670	8,500
SPECIAL SERVICES					
Number of recipients	127,410	114,860	106,928	94,025	88,765
Payments: Total	$7,019,646	$6,272,048	$5,595,335	$4,375,456	$3,780,084
Optometry & Optician Service	2,682,842	2,552,512	2,507,675	2,001,109	1,772,011
Ambulance & Van Service	525,111	537,131	383,114	326,461	184,947
Medical Laboratory Service	1,445,967	1,076,246	903,117	765,698	614,519
Medical Supplies	1,008,738	813,099	677,857	557,906	416,664
Podiatry	329,190	361,518	307,782	229,214	126,368
Physical Therapy	17,204	15,906	19,692	15,019	17,199
Hearing Aids	37,453	0	0	0	0
Medicare deductible and coinsurance	973,141	915,636	796,098	480,049	648,376

APPENDIX A
GLOSSARY OF TERMS

ENROLLEES — Those persons who apply for and are determined eligible for Aid to Families with Dependent Children, General Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS — Medical Assistance enrollees who use their Medical Assistance cards to receive services.

FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORIES

OAA — Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB — Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD — Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP — Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they live and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC — Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children benefits.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO — Medical Assistance to Individuals aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB — Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI.

MAD — Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC — Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally

retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC — Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who are not receiving cash assistance.

MAR — Medical Assistance to Eligible Relatives. Individuals who are caretaker relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY

GPA — General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I — Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker relative and are not receiving cash assistance in either a federal or a state-only program.

SA — Subsidized Adoptions. Children with special needs who have been adopted, through the Maryland Department of Human Resources, by families whose income and/or assets render the children financially ineligible for Medicaid coverage.

APPENDIX B
TECHNICAL NOTE

Enrollees are generally issued plastic Medical Assistance identification cards for periods of either three or twelve months. During these periods, an enrollee may be found to be no longer eligible for Medical Assistance. In addition, some enrollees are found ineligible retroactively. This loss of eligibility may be due to a change in the individual's marital status, employment or financial situation. Upon receipt of information which indicates a change that requires cancellation of eligibility, the Department of Social Services informs the enrollee by letter that s/he is no longer eligible to receive Medical Assistance, that her/his case is cancelled and s/he must return the Medical Assistance card.

Historically, when an individual's Medical Assistance eligibility has been cancelled prior to the expiration date on her/his identification card, the individual has continued to be counted as an enrollee until the expiration date on the card. These "cancelled" enrollees have appeared in the Standard 1 enrollment category.

In addition, providers have had limited means for identifying enrollees whose eligibility has been cancelled prior to the expiration date on their Medical Assistance identification card. Therefore, the Program pays the relatively small number of claims submitted for "cancelled" recipients with valid identification cards who have continued to use their cards. With the implementation of an eligibility verification system in fiscal year 1983, providers will be able to easily verify the eligibility status of any enrollee. This will greatly reduce the potential for service utilization by a "cancelled" enrollee.

Since Program payments for these enrollees have always been relatively small, and since the new eligibility verification system will eliminate most of the remaining payments, enrollees in a "cancelled" status will no longer be counted in Program enrollment figures beginning with this publication.

In order to compare enrollment or enrollment-related statistics from this publication (which exclude "cancelled" enrollees) with those of prior years' publications (which include "cancelled" enrollees), both figures are listed below for fiscal years 1971 through 1981.

Fiscal Year	Average Monthly Enrollment	
	Excluding Cancelled Enrollees	Including Cancelled Enrollees
1971	336,715	337,715
1972	375,981	385,981
1973	398,715	414,715
1974	382,306	402,806
1975	386,718	416,151
1976	395,034	424,606
1977	371,067	405,925
1978	346,544	380,098
1979	337,571	365,854
1980	347,820	376,276
1981	363,943	394,466

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

* Applicable laws and policy are available on request.